CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED D'RING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Estoblish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation onticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retoin originals for length of time indicated below.

9. Recommended Retention Period			10. Equipment and space freed.	11. In your opinion does this record hove any historicol significonce?
a. In Dept.	b. In Storage Center	c. Total		YES ☐ NO ☒
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		

12 DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14. Disposal Method		
a. In Dept.	b. In Storage Center	c. Total	A. [ ] To be sold as scrap or waste paper	B. ☒ To be Burned or shredded	C. ☐ Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent			

REMARKS: 2 negative Rolls

C P Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

Spec.—1-10-21—M&T—1500 Bks.

✓ F 33771

33771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94 B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Melville Ave. ST., 9-3 WARD)

2-FULL NAME Gertrude May Gruyton

(a) RESIDENCE NO. 614 Melville Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 1 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced (or) WIFE of Wm. N. Gruyton

6 DATE OF BIRTH (month, day, and year) Feb. 7, 1872

7 AGE: Years 65 Months 1 Days 19 (If LESS than 1 day, 5 hrs. or 10 min.) 20

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: John Marshall Anders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Margaret Anders

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Mary Smith

(Address) 3601 Old York Rd

15 MAR 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 22 1937

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1937, to March 22, 1937, that I last saw her alive on March 22, 1937, and that death occurred, on the date stated above, at 5:10 A. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Cole M. D.

3-22-1937 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Hope Cemetery Woodlawn Md.

DATE OF BURIAL: 3/24/37

20 UNDERTAKER: Jno. Waltz & Son

ADDRESS: 2503 Edmondson Ave

F 33772

HEALTH DEPARTMENT—CITY OF BALTIMORE

33772

CERTIFICATE OF DEATH

87B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2428 Calvert Heights Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adell Naomi Hamilton

If U. S. Veteran specify WAR

(a) Residence: No. 2428 Calvert Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1st 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	✓	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Charles Arthur Hamilton

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Naomi M. Walker

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Naomi M. Hamilton

(Address) 2428 Calvert Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet, Date 3/25/37 19

19. UNDERTAKER H. Miller & Son

(Address) 2503 Edmondson Ave

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from May 31, 19 to 3/22, 19 37

I last saw h alive on 3/10, 19 37 Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	1921
Other contributory causes of importance: Convulsions	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Theodore E. Stacy M. D.

(Address) 3803 Edmondson Ave

23 1937

F. D. 33773

F 33773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 106-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nelson Lee Knickman If U. S. Veteran specify WAR .....

(a) Residence: No. 1713 Rittenhouse Ave, St., Balto. Co., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME William N. Knickman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Henrietta French

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. Knickman
(Address) 1713 Rittenhouse Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 3/25 19 37

19. UNDERTAKER Edward Loudon
(Address) 2357 Wash Blvd

24 1937 [illegible] 27 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tracheitis and Bronchitis	
(Neg. Diphtheria)	
Probably Suffocation	
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 22, 1937

For what disease or injury? Acute Brachitis

Name of operation Tracheotomy Date of March 22

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 375 [illegible]

F 33774

33774 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 93-D

Registered No.....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6000 Bellona Ave) (Ward) 27-12

Length of residence in city or town where death occurred 70 yrs. 5 mos. 21 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Frankellenia Wylie

(a) Residence: No. Glen Arm Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ or ~~Divorced~~ Widowed. (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of Albert Wylie

6. DATE OF BIRTH (month, day, year) Aug 15th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME E. Frank Peacock

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Martha Silfpatt

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT May C. Metz Glen Arm Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Cemetery Pa Date Mar 24th 37
Place Montgomery Co Pa

19. UNDERTAKER: Wm Cook 1217 St Paul St
(Address)

20. Filed MAR 1937 Funeral Home for Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1936 to 3/22, 1937

I last saw her alive on 3/22, 1937 Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Generalized arteriosclerosis	3/18/37
with hypertension	
Other contributoty causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Reier M. D.

(Address) 6701 York Rd

F 33775

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33775

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 W. Franklin St) (Hospital or Institution) (Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Beckler

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1842 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(last name)~~ Carrie E. Beckler

6. DATE OF BIRTH (month, day, year) July 14th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7 8	19 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles Beckler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Snyder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carrie E. Beckler
(Address) 1842 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Mausoleum Date Mar 25th 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams M.D.

MAR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937 to Mar 23, 1937

I last saw him alive on Mar 22 1937 Death is said to have occurred on the date stated above, 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	1927
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Homer U. Dodd M. D.

(Address) 735 N. Fulton Ave

33776

F 33776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Alva Hall

(a) Residence: No. 1822 W Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Hall

6. DATE OF BIRTH (month, day, year) May 26 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Rescue Workers

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Fairmount Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Warden Welfare Sect. Balto Md.

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Mt Olivet Mar 24th 1937

19. UNDERTAKER 693 Cook (Address) 1217 St Paul St

20. FILED 24 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Feb 27, 1937

Where did injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home (found unconscious in room with gas stove turned on - but not lighted.

Manner of injury

Nature of injury asphyxia (was revived & sent to hospital)

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

F 33777

33777 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Vernon Shockney

(a) Residence: No. 810 Primrose Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19th 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8 mo.	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore City

13. NAME Vernon Shockney

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna Toney

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Vernon W. Shockney

(Address) Headville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Date Mar 24th 1937

19. UNDERTAKER Wm Coodl

(Address) 1217 St. Paul St

FILED 1937 Remains for Williamsport Md

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937, to March 22, 1937

I last saw him alive on March 22, 1937 Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3-8-37
(Primary)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis G. Llewelyn M.D.

(Address) St. Agnes Hospital

18524

HEALTH DEPARTMENT—CITY OF BALTIMORE

33778 33778

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Martin O'Malley

(a) Residence: No. 802 N. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 11-10-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Mass.
(State or country)

FATHER

13. NAME Michael O'Malley

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Bridget Carrigan

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 24 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 (Registrar)

MAR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1936 to March 21 1937

I last saw him alive on March 21, 1937. Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	Nov 1936
Other contributory causes of importance: Cerebral hemorrhage ?	Nov. 1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

F 33779

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33779

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-1 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mrs. Margaret Callaway

(a) Residence: No. 315 Ambassador Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank H. Callaway

6. DATE OF BIRTH (month, day, year) July 4 1859

7. AGE: Years 67 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Fitzgibbons

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Cusick

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Mercy Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Mch 25 37

19. UNDERTAKER Chas. E. Franck
(Address) 512 Madison ave

FILED ... 19... Registrar.

24 1937 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5 1937 to 3-23 1937

I last saw h... alive on 3-19-37 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Pancreas	?
Other contributory causes of importance: Pulmonary Embolism?	3-23-37

Was an operation performed? Yes Date of Mar. 6 '37

For what disease or injury? Neoplasm of Pancreas

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Microscopic Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) J. Guarde M. D.

(Address) Mercy Hospital.

3780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33780

CERTIFICATE OF DEATH

✓ 158

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. ..... St. 7-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Klubb Jr.

(a) Residence: No. 808 N. Belnord Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Feb. 24 - 37

8. AGE — Years: — Months: — Days: 30 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Walter Klubb

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Lillian Pete

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Walter Klubb
(Address): 808 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: March 27

19. UNDERTAKER: H. Lee Mayer
(Address): 2006 E. Baltimore St

20. FILED ..... 19..... Registrar.

MAR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/23/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/17/37 . 19 ..... to 3/23/37 . 19 .....

I last saw him alive on 3/23/37 . 19 ..... Death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dehydration	
Malnutrition / Senile birth	
Other contributory causes of importance:	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) H. Abramson M. D.

(Address) Sinai Hosp

F 33781

33781 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 7-1 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 36 mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Alberta Kesba

(a) Residence: No. 2915 E. Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Kesba

DATE OF BIRTH (month, day, year) Dec 22, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Alois Klecka

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Frances Suchy

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Frank Kesba

(Address) 2915 E. Madison

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Mar. 26 1937

UNDERTAKER Frank Grock Son

(Address) 1906 Belvedere

MAR 24 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 20. 1937. to March 23. 1937

I last saw her alive on Mar 23. 1937 Death is said to have occurred on the date stated above, at 6 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left breast ?	Aug 1936
Metastasis to lungs ?	Dec 1936
Other contributory causes of importance: Rheumatic heart disease	1910

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank J. Slattery M. D.

(Address) St Josephs Hosp.

M. D. R. 1268-9

F 33782

F 33782 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6303 Brooks Ave (St.) 27 (Ward)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES. THOMAS DUNAWAY

(a) Residence: No. 6303 BROOKS AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR or RACE: White

5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of: Sarah. E. DUNAWAY

6. DATE OF BIRTH (month, day, and year): AUG. 31. 1863

7. AGE: Years 73 | Months 7 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: PAINTER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B+O.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ST MARYS CT MD.

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known.

17. INFORMANT: Jas Dunaway

(Address): 6303 Brook Ave.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Pk. Date 3/22/37 19

Place

19. UNDERTAKER: Geo. H. Lembach

(Address): 525 [illegible] Ave

20. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1937, to March 23, 1937

I last saw he alive on March 14, 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-Sclerosis	
Cerebral Hemorrhage.	1st

Other contributory causes of importance:

Bronchio-pneumonia	week
Congestion of	1st
Both Lungs	

Name of operation: Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Benson M. D.

(Address) 1 W. Preston

F 33783

33783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Myrtle ave St.) (Ward)

Length of residence in city or town where death occurred 90 yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah E. Fisher

If U.S. Veteran specify WAR ...

(a) Residence: No. 1536 Myrtle ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Pool

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hiller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Fisher

(Address) 1536 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 3-24 1937

19. UNDERTAKER Frank A. Heuisler

(Address) 1538 W. Biddle St

20. FILED 3-24 1937 C. Lester Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/21/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/18/37 . 19 . to 3/21/37 . 19 .

I last saw her alive on 3/21/37 . 19 . Death is said to have occurred on the date stated above, at 3 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation and Arteriosclerosis	
Other contributory causes of importance: —	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) R. Lee Ellis M. D.

(Address) 524 Cathedral

33784

F 33784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 2-1-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Frederick Hobson

(a) Residence: No. 1254 James St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolinia

FATHER

13. NAME Frederick James Hobson
14. BIRTHPLACE (city or town) (State or country) North Carolinia

MOTHER

15. MAIDEN NAME Not known
16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pendarvis, N.C. Date 3/24/37

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Baltimore St

20. FILED MAR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. H. Mellun, M. D.
Coroner

(Address) 2257 Eutaw

33785 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33785

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital. Registered No. 108

CITY OF BALTIMORE: (No. ..... St., 24-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Vernon H. Barker BARKER If U.S Veteran specify WAR World War

(a) Residence: No. 103 E. West Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maude E. Barker

7. DATE OF BIRTH (month, day, year): June 8 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinists Helper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fir John Run Md. Va

13. NAME: T. T. Barker

14. BIRTHPLACE (city or town) (State or country): Md. Va.

15. MAIDEN NAME: Carrie Mullen

16. BIRTHPLACE (city or town) (State or country): Md.

INFORMANT (Address): Mrs. Barker 103 E. West st.

BURIAL, CREMATION, OR REMOVAL
Place: London Pk Date: 3/27 19 37

UNDERTAKER: S. F. McCully
(Address): 130 E Fort Ave

MAR 24 1937 (Date Received) Huntington Williamson, M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to March 21, 1937

I last saw h[illegible] alive on March 21, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/1/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19 —

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Geo. C. Kirk, M. D.
(Address) South Balto. Gen Hosp.

F 33786 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 33786

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906-E. Mad 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachel Grant

(a) Residence: No. 1906 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Aaron Grant

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Francis Randall

16. BIRTHPLACE (city or town) (State or country) Stemmers Run Md.

17. INFORMANT Francis Grant

(Address) Stemmers Run Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stevens Cem. Date March 24 1937

19. UNDERTAKER Mrs. P. G. Elliott & Daughter

(Address) 1129 N. Caroline St.

Filed MAR 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/15 1937 to 3/20 1937

I last saw her alive on 3/20 1937 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Pneumonia — Date of onset 3/15

Other contributory causes of importance: Indefinite

Was an operation performed? No Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. R. Blake M. D.

(Address) 924 Fairmount

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33787 — CERTIFICATE OF DEATH — F 33787

Registered No. 9443

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 413 Hawthorne Road St., 7-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Weber Rittler

(a) Residence: No. 413 Hawthorne Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced (or) WIFE of Henry F. Rittler

6. DATE OF BIRTH (month, day, year) May 5 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME C. Weber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME E. Feldman Rittler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Duvall

(Address) 618 University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park E Date Mar 25 1937

19. UNDERTAKER Lenz Menkin & Co

(Address) Eutaw & Lexington

24 1937 Lexington National

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to March 23 1937

Last saw h.. alive on March 23 1937. Death is said to have occurred on the date stated above, at 1-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/23/37
Other contributory causes of importance: Chronic Spinal Arthritis	1933

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M. Gibson Porter, M. D.

(Address) 4822 Reisterstown Rd

33788 F 33788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1242 N. Broadway St., 8-7 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rose Fried

(a) Residence: No. 1242 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of Joel

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Louis Kanis

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Finkelstein

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joel Fried

(Address) 1242 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Cemetery Date March 24, 1937

19. UNDERTAKER Jos. Levinson & Bro

(Address) 1125 E. Baltimore St.

20. FILED MAR 24 1937 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? — Date of

Name of operation — What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rheuban, M. D. Coroner

(Address) 1918 E. North Ave.

33789 F 33789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 5-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Greenbaum

(a) Residence: No. 706 E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph Greenbaum
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Weenberg
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Louis Becker
(Address) 2006 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Washington Rd Date March 24 1937

19. UNDERTAKER Sol Levinson Bro
(Address) 1727 E Baltimore St

20. FILED Washington Williamsport, Md. Registrar
MAR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death in the city stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	

Other contributory causes of importance:
Hemorrhage

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenken M. D.
Coroner
(Address) 1714 E. North Ave.

F 33790

F 33790 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Chauncey Ave. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death Lifetime da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Weis

(a) Residence: No. 817 Chauncey Ave St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE Bessie L. Weis

6. DATE OF BIRTH (month, day, year) Nov. 13, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Herman Weis

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Fannie Benesch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. Weis

(Address) 817 Chauncey Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Cem. Date Mch. 25, 1937

19. UNDERTAKER David Sonnheim & Son

(Address) 1902 Eutaw Place

Filed 19 Registrar

24 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937, to March 24, 1937.

I last saw h[illegible] alive on March 24, 1937 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	1 day
Other contributory causes of importance:	
arterio-sclerosis	8 yrs.

Was an operation performed? No Date of /

For what disease or injury? /

Name of operation / Date of /

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Lentz M. D.

(Address) Temple Garden Apts.

33791 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33791

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs William Theodore (Rose Theodore) If U. S. Veteran (Write) WAR

(a) Residence: No. 2420 Callow Ave, Balt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr William Theodore (d)

6. DATE OF BIRTH (month, day, year) Nov 29 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Modena Wheatfield

14. BIRTHPLACE (city or town) (State or country) West York State

15. MAIDEN NAME Wilhelmine Goldsmith

16. BIRTHPLACE (city or town) (State or country) Mainz Germany

17. INFORMANT Mrs Albert E Lissberger

(Address) 2420 Callow Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balt. Friendship Date 3/25/ 1937

19. UNDERTAKER Harold Londderman & Son

(Address) 1902 Eutaw Place

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23 1937 to March 23 1937

I last saw her alive on March 23 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3-23-37

Other contributory causes (Diseases)

Generalized Arteriosclerosis
Hypertensive Heart Disease

Was operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide or Homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H Lowe M. D.

(Address) Union Memorial Hosp.

F 33792

33792 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Pickerall or Pickles

(a) Residence: No. Standard Baden St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (Write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3½	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baden Md

13. NAME: James Pickerall

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Corinne

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: James Pickerall

(Address): Baden

BURIAL, CREMATION, OR REMOVAL

Date: MAR 24 1937, 19

UNIVERSITY MEDICAL SCHOOL

Commissioner of Health

UNDERTAKER: Per M. A. Moore

(Address)

4 1937 Per E. P. Hillcoat Registrar

3191

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/20/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/24/37, 19 to 3/20/37, 19

I last saw him alive on 3/19/37, 19. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Pneumothorax

Internal Hydrocephalus.

Date of onset
10 hrs

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) University Hosp.

33793 HEALTH DEPARTMENT—CITY OF BALTIMORE E 33793

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 435 Yale Ave. St., 10-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Fredk. Becker

If U. S. Veteran specify WAR .....

(a) Residence: No. 435 Yale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emma M. Becker

6. DATE OF BIRTH (month, day, year) Jan. 1, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Recorder of Superior Court

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME August. Becker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. E. Norris Becker
(Address) 441 Yale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Mar. 24 37

19. UNDERTAKER Wm. Hackner Sons
(Address) North & Pa Aves.

20. FILED 1937 Registrar

MAR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1937, to 3-22, 1937

I last saw him alive on 3-21, 1937. Death is said to have occurred on the date stated above, at 2.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Spencer Jr. M. D.

(Address) 4123 Fredericks Ave

F 33794

33794

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Maryland General Hospital (Da)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 27-H

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Elwood Paulus.

(a) Residence: No. Hayward Ave. & Reisterstown Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): June 29, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): March 22, 1937

11. Total time (years) spent in this occupation: 40 years

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Henry Paulus

14. BIRTHPLACE (city or town) (State or country): Montgomery Co. Penna.

MOTHER

15. MAIDEN NAME: Eleanora Spelshouse

16. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

17. INFORMANT (Address): Dr. Ralph Lange 1609 West North Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: Loudon Park Cem. Date: March 25 1937

19. UNDERTAKER (Address): Wm. J. Fickner & Sons North & Pa. aves.

FILED 3-24 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 22 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured neck —	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? acc Date of injury? 3/22 1937

Where did injury occur? Reisterstown Rd near Weywood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street

How did injury occur? Struck by taxicab while crossing st - not at intersection

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter Gurley Stitt M. D. Coroner

(Address) 1877 N. Rockeby St.

F 33795

F 33795 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Matulonis

(a) Residence: No. 717 W. Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen F. Matulonis

6. DATE OF BIRTH (month, day, year) Dec 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Matthew Matulonis

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Dorothy Matulonis

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs Helen F. Matulonis

(Address) 717 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 3/29/ 1937

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

20. FILED 24 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-24-37 19

22. I HEREBY CERTIFY, That I attended deceased from 3-22-37 19 to 3-24-37 19

I last saw him alive on 3-24-37 19 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension C-V-R Disease	
Obesity	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilson McCulloch M.D.

(Address) Univ. Hospital

M. D. P. 1068-9

33796

F 33796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 Grantley Road Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Gray Ashley

(a) Residence: No. 2908 Grantley Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Leroy Ashley

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Margaret L. Killingham

16. BIRTHPLACE (city or town) (State or country) Huntington W. Va

17. INFORMANT Mrs. Margaret L. Ashley

(Address) 2908 Grantley Road.

18. BURIAL, CREMATION, OR REMOVAL

Place Huntington W. Va Date Mar. 26 1937

19. UNDERTAKER George L. Schwab

(Address) 2101 Frederick Ave.

20. FILED Mar 25 1937 Thomas Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug-10-, 1936, to Mar 24 1937

I last saw her alive on Mar-23 1937 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	3-14-37
Pertussis	2-20-37

Other contributory causes of importance:

Inanition
Idiocy — Since birth

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Ashhurst M. D.

(Address) 401 N Park Ave

M. D. B. 1268-9

33797 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33797

CERTIFICATE OF DEATH

1. PLACE OF DEATH 423 N. Kenwood Ave. 6-1 82-a

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anton Meisel

(a) Residence: No. 423 N. Kenwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 10, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

13. NAME Michael Meisel

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Mary Anna Carr

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Mollie Schmidt
(Address) 423 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date March 26, 1937

19. UNDERTAKER Martin W. E. Kinsel
(Address) 2 E. Preston St.

24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to March 23, 1937

I last saw him alive on March 23, 1937 Death is said to have occurred on the date stated above, at 12:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	3/23/37
	over
Other contributory causes of importance: hemiplegia-right	3/20/37
hypertension, arteriosclerosis	5

Name of operation ..... Date of .....

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no if so, specify .....

(Signed) L. C. Schlegel M.D. M. D.

(Address) 417 N. Kenwood Ave

33798

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33798

CERTIFICATE OF DEATH

2349 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24 Ward 3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lizzie Yeuhill (Elizabeth Uyell)

(a) Residence: No. 1431 Sunwelt Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Uyell

6. DATE OF BIRTH (month, day, year) 1870 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 66 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Baltimore

FATHER

13. NAME Gerhard Stitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliz Wright

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 3/25/37

19. UNDERTAKER Harry W. Eglen
(Address) 1 [illegible] Monument

20. FILED
MAR 24 1937
[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937, to March 23, 1937

I last saw her alive on March 23, 1937. Death is said to have occurred on the date stated above, at 1.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-20-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. G. de Santelle M. D.

(Address) Baltimore City Hospitals

32 6 162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33799 ✓ 139 F 33799

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 27-6 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas A Meehan

If U. S. Veteran specify WAR

(a) Residence: No. 2518 Hamilton Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Meehan

6. DATE OF BIRTH (month, day, year) 4/15/77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. gas machine worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Patrick Meehan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 3/27, 1937

19. UNDERTAKER Leonard J Keating

(Address) 1505 Eutaw Pl

Hunter Williams, M.D.

Registrar.

4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1937 to Mar 23, 1937

I last saw him alive on Mar 23, 1937 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, dextr	3-20
Uremia	3-20
Bronchopneumonia	3-21

Other contributory causes of importance:

Benign Prostatic Hypertrophy
Diverticulum of Bladder

Was an operation performed? Yes Date of 3-18-37

For what disease or injury?

Name of operation Prostatectomy & Diverticulectomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Samuel A Levin Jr. M. D.

(Address) Johns Hopkins Hosp

333800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33800

CERTIFICATE OF DEATH

21899 108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Walter Williams

(a) Residence: No. 515 N. Colvin St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-5-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER FATHER

13. NAME Samuel Williams

14. BIRTHPLACE (city or town) (State or country) Neb.

15. MAIDEN NAME Elsie Robinson

16. BIRTHPLACE (city or town) (State or country) Neb.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 24 1937 19
Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

20. FILED 24 1937 19 Almeda Pettigrew Registrar

31.5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 19 to March 19, 1937

I last saw him alive on March 19, 1937. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-12-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. G. Du Santelle, M. D.

(Address) Baltimore City Hospitals

33801 E 33801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 210-M

1. PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. ..... St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Victor P. Suites

(a) Residence: No. Wates Row — Belair Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 29. 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Md

MOTHER FATHER

13. NAME Victor P. Suites

14. BIRTHPLACE (city or town) (State or country) Mt. Wilson Va.

15. MAIDEN NAME Pauline Joyner

16. BIRTHPLACE (city or town) (State or country) Wilkesboro N. C.

17. INFORMANT Pauline Suites Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Central Cemetery Date Mar. 27 37

19. UNDERTAKER Dean Foster

(Address) Belair Md.

20. I. D. 24 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? yes Date of 3/23 - 37

For what disease or injury? Depressed Fracture

Name of operation Craniotomy Date of 3/23

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/23 19 ...

Where did injury occur? Near Belair Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street or Highway

Manner of injury Struck by Auto

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Robert Bailey Pate M. D. Coroner

(Address) 911 N Charles

F 33802

Spec—12-23-21—E.B.R.S.—400 Bks.

33802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 107-a

1-PLACE OF DEATH

Registered No. .....

City of BALTIMORE, (No. Charles & Centre St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Miss Agnes B. Nugent

(a) Residence No. St James Apartments, Baltimore St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. white

5-Single, Married, Widowed, or Divorced. (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year)

7-AGE. Abt 63 yrs. ..... mos. ..... ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired 1886

(b) General nature of industry, business, or establishment in which employed (or employer). Hair Dresser

(c) Name of employer. .....

9-BIRTHPLACE (city or town) (State or Country). Baltimore

PARENTS.

10-NAME OF FATHER. John Nugent

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Ireland

12-MAIDEN NAME OF MOTHER. Mary McMahon

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Ireland

11- (Informant) My C. S. Murphy

(Address) 421½ Fernhill Ave.

15- Filed ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) March 23/37

17- I HEREBY CERTIFY, That I attended deceased from March 1 1937, to March 23 1937, that I last saw h[illegible] alive on March 23 1937, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) ..... yrs. ..... mos. 1 d

CONTRIBUTORY (Secondary) Bronchio-Pneumonia

(Duration) ..... yrs. ..... mos. 2 d

18-Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) John A. Hagner, M. D.

(Address) 4704 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. St Mary's Seminary — DATE OF BURIAL. 3/25 1937

20-UNDERTAKER. D. J. Foley & Sons — ADDRESS 1318 Light St.

F 33803

33803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth 82 yrs. mos. ds.

2. FULL NAME Mrs. Rosa Ulman

If U. S. Veteran specify WAR

(a) Residence: No. Marlborough Apts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Ulman

6. DATE OF BIRTH (month, day, year) Oct. 12, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) London, England

13. NAME Joseph Oppenheim

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lina Mahler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. M. Ulman

(Address) 2615 Talbot Road

18. BURIAL, CREMATION, OR REMOVAL

Place Chevra Shalom Cem. Date Mch. 26, 1937

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED 19 Registrar

MAR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 1937 to 3/24, 1937

I last saw h. alive on 3/24, 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3/22/37
Arteriosclerosis	

Other contributory causes of importance:

Asthma	
Senility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin B. Rose, M. D.

(Address) Sinai Hosp

M. D. B 1268-9

F 33804

33804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 575

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Brookfield Rd St., Ward) 15-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Strohmeyer

(a) Residence: No. 1730 Brookfield St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced (HUSBAND of or WIFE of): Horace Strohmeyer

6. DATE OF BIRTH (month, day, year): April 30, 1904

7. AGE: Years 32 | Months 11 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Hugh L. Kelly

14. BIRTHPLACE (city or town) (State or country): Bangor, Maine

MOTHER

15. MAIDEN NAME: Winifred Lawler

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT (Address): Mrs. Mary E. Strohmeyer 1730 Brookfield Rd.

18. BURIAL, CREMATION, OR REMOVAL. Place: New Cathedral Cemetery Date: 19

19. UNDERTAKER (Address): E. A. Pruning & Son 1100 Eastern Ave.

20. 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Carruer Coroner M. D.

(Address) 12 E Hamilton

M. D. B. 1268-9

F 33805

33805 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 S. Hanover St., 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry S. Lyon

(a) Residence: No. 1329 S. Hanover St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Gertrude L. Lyon

6. DATE OF BIRTH (month, day, year) Jan. 12, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Gertrude L. Lyon (Wife)

(Address) 1329 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL Hampden

Place Mt. Olivet Cem. Date March 25 1937

19. UNDERTAKER A. Howard Evans

(Address) 1440 Carlton Ave

Filed APR 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18. 1937 to March 21. 1937

I last saw him alive on March 20, 1937 Death is said to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular renal disease	?

Other contributory causes of importance:

Name of operation - - - Date of .....

What test confirmed diagnosis? D.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Deibel M. D.

(Address) 1224-1726 Hanover St.

33806

HEALTH DEPARTMENT—CITY OF BALTIMORE

33806

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 E Madison St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm Henry Wells

(a) Residence: No. 1704 E Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 8-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Long Green Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Harriett Wells

16. BIRTHPLACE (city or town) (State or country) Long Green Md

17. INFORMANT Myrtle Wagdeill

(Address) 1704 E Chase

18. BURIAL, CREMATION, OR REMOVAL

Place Long Green Harford Co Md Date 3, 25, 1937

19. UNDERTAKER Mrs L Chas S. Bailey

(Address) 421 Jefferson St

20. FILED 1937 Registrar.

24 1837

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/22/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Allen, M. D.

Coroner.

(Address) 50 Lexington

F 33807

33807 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-2107-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Women's Hospital St., Baltimore, Md. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Sutton No War Record

(a) Residence: No. 1654 North Ave. St., Baltimore, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

6a. If married, ~~widowed or divorced~~ (or) WIFE of: Harry K. Sutton

6b. If married, ~~widowed or divorced~~ (or) HUSBAND of:

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

11. Date deceased last worked at this occupation (month and year): X

12. Total time (years) spent in this occupation: X

13. BIRTHPLACE (city or town) (State or country): Balto Md

14. NAME: Unknown

15. BIRTHPLACE (city or town) (State or country): Unknown

16. MAIDEN NAME: "

17. BIRTHPLACE (city or town) (State or country):

18. INFORMANT: Harry K. Sutton

(Address) 1654 W. North Ave

19. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar 26th 37

20. UNDERTAKER: Wm Bolk

(Address) 1217 St Paul St

25 1937 Washington Nativities

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to March 24, 1937

I last saw her alive on March 24, 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 3/20/37

Other contributory causes of importance: Chronic Cardiac infarction — Date of onset about 2 months ago

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. K. Mansfield M. D.

(Address) Walmand's Hospital.

33808 F 33808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 St Paul St., 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara E. Price

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2900 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~single~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Dr. Wilbert Price

6. DATE OF BIRTH (month, day, year) Dec 12th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Mt Carmel Md

FATHER

13. NAME B. Howard Gorsuch
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Marks
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dr. H. Stanley Gorsuch (Address) 2900 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Forest Baptist Church Cem Date Mar 26th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 25 1937 Huntington Hollins & Co MP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1928 to March 23 1937

I last saw her alive on March 23 1937 Death ~~is said~~ to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	10 yrs ago
Nephritis	2 yrs
Other contributory causes of importance:	
General Debility	2 wks
Uraemia Coma	3 days

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) H. Stanley Gorsuch M. D.

(Address) 2900 St Paul St Baltimore

F 33809 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33809

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 N. Caroline St., 1 Ward)

Registered No. 10-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Helen L. Williams

(a) Residence: No. 728 Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 22/36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wallace Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mary Williams
(Address) 728 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Name of cemetery Loudon Park Cem. Date Mar 25 1937

19. UNDERTAKER Wm. Robert C. Elliott-daughter
(Address) 1129 N. Caroline St

5 1937 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1937 to 3/23 1937

I last saw him alive on 3/22 1937 Death is said to have occurred on the date stated above, at 12.50 m. a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
	about
Broncho-pneumonia	3/15/37

Other contributory causes of importance: other

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Rayner Brown M. D.
(Address) 1500 E. Mad. St.

33810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33810

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 Orleans St., 6-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Neutze

(a) Residence: No. 2033 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Neutze

6. DATE OF BIRTH (month, day, year) Jan 18 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Neutze

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Wagenfuehr

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Selma Neutze

(Address) 2033 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date 5/25/37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED ... 19 ... Registrar

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 25. 1937 to May 22. 1937

I last saw h alive on May 21. 1937 Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema — Date of onset ...

Other contributory causes of importance: Myocardial Failure - Arterio-Sclerosis & Myocarditis

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Bruick M. D.

(Address) 4706 Harford Road

5/22/37

F 33811

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33811

CERTIFICATE OF DEATH

21095 107-a

Registered No. 347

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cleveland Black

(a) Residence: No. 904 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Black

6. DATE OF BIRTH (month, day, year) 5-20-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Cleveland Black

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Anne Rogers

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lion Date Mar 26, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937 to March 23, 1937

I last saw him alive on March 23, 1937 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-14-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade Santelle M. D.

(Address) Baltimore City Hospital

MAR 25 1937

33812 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33812

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 Chatham Road St. 15-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E.F. Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 3805 Chatham Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Burton

6. DATE OF BIRTH (month, day, year) Mar. 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73 72	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Principal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Fisher, N.C.

MOTHER FATHER

13. NAME William E. Taylor

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Fannie E. Carter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Minnie B. Taylor

(Address) 3805 Chatham Road, City

18. BURIAL, CREMATION, OR REMOVAL

Place Stevensville, Md. Date Mar. 25 37

19. UNDERTAKER John D. Mitchell & Sons

(Address) 1900 Eutaw Place, City

20. FILED MAR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 19 37

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1937, to March 23, 1937

I last saw h— alive on March 23, 1937. Death is said to have occurred on the date stated above, at 3-0 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis —	?
Chronic Interstitial Nephritis	?
Cerebral Hemorrhage	3/12/37
Pneumonia	3/13/37
Other contributory causes of importance: Uraemia	3/16/37
Chronic Myocarditis	—

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Wesley Edel M. D.

(Address) 3403 Garrison Ave.

F 33813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33813

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Asquith St St., 5-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Travers

(a) Residence: No. 416 Asquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Travers

7. DATE OF BIRTH (month, day, year) Oct. 6, 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Canada

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

15. MAIDEN NAME Georganna ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT John Travers
(Address) 416 Asquith

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Cem Date 3/27/ 1937

19. UNDERTAKER Frances E. Hemsley
(Address) 578 W. Biddle St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from November, 1936, to March 23, 1937.

I last saw her alive on March 23, 1937. Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast (Rt)	Nov, 1936
Other contributory causes of importance: marked Edema Pulmonalis Stasis of Arm also marked Metastasis to Left Breast	Jan 1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

F 33814

33814 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 26-12 St., Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Crawford

(a) Residence: No. Women's Infirmary Balto City Hos. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Jennings

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): X

17. INFORMANT (Address): Mrs. Fields 920 Brevmont Ave.

18. BURIAL, CREMATION, OR REMOVAL: Baltimore (Cem.) Date 3/20/37

19. UNDERTAKER (Address): (P. W. Medefind) 911 Eden St.

20. FILED: [illegible] Lington Williamsport

MAP 25-1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left clavicle	

Other contributory causes of importance: Cardio vascular sclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 4, 1936

Where did injury occur? Balto City Hosp.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto City Hos. - Women's Infirmary

Manner of injury slipped on floor

Nature of injury Fractured left Clavicle

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

33815

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33815

CERTIFICATE OF DEATH

43-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 Preston St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Star Oswinkle

If U. S. Veteran specify WAR

(a) Residence: No. 221 Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Oswinkle

6. DATE OF BIRTH (month, day, year) June 21-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year) Nov

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Jos Oswinkle

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Sarah C. Oswinkle
(Address) 221 E Preston St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date Mar 26 37

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St

20. FILED MAR 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 11, 1937 to Mch 23, 1937

I last saw him alive on Mch 23, 1937 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Mch 11
Other contributory causes of importance: Arterio Sclerosis Chronic Myocarditis	3 yrs.

Was an operation performed? Date of

For what disease or Injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Alan B Lucas M. D.

(Address) 718 N Patterson Park Ave

33816

F 33816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilmer R. McCardell

(a) Residence: No. Gaithers Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara V. McCardell

6. DATE OF BIRTH (month, day, year) March 8, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary E. Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs R. B. Watkins

(Address) Gaithers, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield Cem. Date Mar. 28, 1937

19. UNDERTAKER Myers Son Inc

(Address) Sykesville, Md.

19 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to March 25, 1937

I last saw him alive on March 25, 1937 Death is said to have occurred on the date stated above, at 2 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1912
Gangrene of right foot	1936

Other contributory causes of importance:

SURGICAL SHOCK

Surgical Shock 3/25

Was an operation performed? Yes Date of 3/25/37

For what disease or injury? Gangrene of right foot - (Amputation)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Yes, specify)

(Signed) Paul Edmunds, M. D.

(Address) University Hospital

33817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33817

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 Rutland Ave St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Helen E Patterson

If U.S. Veteran specify WAR .....

(a) Residence: No. 1022 Rutland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): aug 1924

7. AGE: Years 12 | Months 7 | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): U S A

13. NAME: Dennis Patterson

14. BIRTHPLACE (city or town) (State or country): U S A

15. MAIDEN NAME: Elizabeth Walton

16. BIRTHPLACE (city or town) (State or country): U S A

17. INFORMANT: Dennis Patterson Jr

(Address) 1022 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date March 26 37

19. UNDERTAKER: F & M Williams

(Address) 25-15 McCulloh St

20. FILED 19 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5-, 1937, to 3-23-, 1937

I last saw her alive on 3-22-, 1937. Death is said to have occurred on the date stated above, at 4.20 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	
Acute	—

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? none

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) J. H. Cargill, M. D.

(Address) 611 N. Carolina

M. D. H. (3M) 9

33818

F 33818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Park Hgts + Woodland St., Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Neubauer

(a) Residence: No. 1662 Foreuck Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Nicholas Neubauer

6. DATE OF BIRTH (month, day, year) June 10, 1865

7. AGE: Years 71 | Months 9 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Joseph Klaak.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Meyers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Nicholas Neubauer

(Address) 1662 Foreuck Ave.

18. BURIAL, CREMATION, OR REMOVAL

Cemetery Holy Redeemer Date Mar 27 1937

19. UNDERTAKER (Wm. H. Ockershausen Sons)

(Address) Funeral Parlors

20. FILED ... 19 ... Registrar

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 1937

22. I HEREBY CERTIFY, That I ... charge of the remains of the ... above, held an ... (Inquest, Autopsy or Inquiry) ... thereon and from the evidence ... find that said deceased came ... death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration (Probably) — Date of onset 3-23-37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) Coroner

F 33819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Windsor Ave St., 15th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lane Satterfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 2307 Windsor Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of James Satterfield

6. DATE OF BIRTH (month, day, year) Apr 10 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Harrington Delaware

FATHER

13. NAME Wm. T. Collison

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Sarah E. Tipple

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs. Arthur E. Ridgely

(Address) 2307 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Farrington Del Date Mar 25 1937

19. UNDERTAKER Wm J. Tipton & Son

(Address) Wash & Pa Ave.

MAR 25 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 23 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14 1937 to Mar. 23 1937

I last saw h alive on Mar. 23 1937 Death is said to have occurred on the date stated above, at 5.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1932
Cerebral Hemorrage	3/14/37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Surgical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave

33820 F 33820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 349-23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward 17-1)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Jackson (20206)

If U. S. Veteran specify WAR .....

(a) Residence: No. 635 George St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) August 23, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tenn.

MOTHER FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Tenn.

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 25 1937

19. UNDERTAKER Chas H Holbert & Son

(Address) 1118 Druid Hill Ave

20. FILED MAY 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1937 to March 18, 1937

I last saw h.im alive on March 18, 1937 Death is said to have occurred on the date stated above, at 10:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lem H. Feldman M. D.

(Address) Baltimore City Hospitals

33821 F 33821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2613 Foster ave St., 1-3 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anastacia Canary.

(a) Residence: No. 2613 Foster ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Canary.

6. DATE OF BIRTH (month, day, year) Sept. 2nd 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Colored

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Crampert

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Carrie Klang.
(Address) 2613 Foster ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Mar 26 1937

19. UNDERTAKER Tilly & Zeiler Inc
(Address) 403 S Wolfe St

20. FILED [illegible] Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, 19 .., to March 24, 1937

I last saw her alive on March 24, 1937. Death is said to have occurred on the date stated above, at 3. P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset —

Other contributory cause of importance: Myocarditis Hard Disease —

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Morris A. Sokolow M. D.

(Address) 3204 Garrison Ave

Spec.—9 30—A. & Co.—250 Bks

Alvigi

F 33822

33822 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 909 E Stiles Street St 3-7 WARD)

2 FULL NAME Maria Alvigi

(a) RESIDENCE NO. 909 E. Stiles St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? 33 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): ~~Single~~ Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Not.

6 DATE OF BIRTH (month, day, and year): September 1860.

7 AGE: Years 77; Months 6; Days 7; If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Avelino Italy

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant (Address): Vincent Alvigi. 909 E. Stiles St.

15 Filed 2 5 1937 19 Huntington Williams Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): March 23, 37.

17

I HEREBY CERTIFY, That I attended deceased from March 6th, 1937, to March 23rd, 1937

that I last saw h e alive on March 17th, 1937

and that death occurred, on the date stated above, at 9.30 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic heart disease

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) auricular fibrillation, nephritis chronic (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis? clinical signs.

(Signed) H. S. Charfauf M. D.

March 23. 1937 (Address) 6705 York Road

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer MAKER: L Heumann & Son DATE OF BURIAL: 3/26 19 37

20 UNDERTAKER: L Heumann & Son ADDRESS: 32 S Broadway

33823 Mehr

HEALTH DEPARTMENT—CITY OF BALTIMORE 33823

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Mahr

(a) Residence: No. 2420 Liberty Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Mahr

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Mahr

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Ida Mahr
(Address) 2420 Liberty Heights ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herrung Cem Date March 1937

19. UNDERTAKER Sol Kerbel & Bro
(Address) 117 E Balto st

20. FILED 19 Registrar

MAR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1937 to March 25, 1937

I last saw h.i.m. alive on March 25, 1937. Death is said to have occurred on the date stated above, at 12:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Nephritis	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Mallod Nephritis, M. D.

(Address) Sinai Hospital

F 33824 F 33824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Brets City Hospital St., 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry A. Sohl

(a) Residence: No. 607 S. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie L.

6. DATE OF BIRTH (month, day, year) Dec 16 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brets Md

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Brets Md

MOTHER

15. MAIDEN NAME Vanderman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Nettie Sohl

(Address) 607 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Western Cem Date 3/25 19 37

19. UNDERTAKER Harry H. Quilyke

(Address) 410 E Monument Ave

MAR 25 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Lobar Pneumonia	

Other contributory causes of importance: [redacted]

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury [redacted] industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Edmondson Ave.

33825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** # 33825

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 2025 W. Fayette St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vera Foard.

If U. S. Veteran specify WAR .....

(a) Residence: No. 609 Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) June 19th 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John E. Foard

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna Hartman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Anna Foard.

(Address) 638 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Roland Mem. Park Date Mar. 27. 1937

19. UNDERTAKER Charles. F. Dill.

(Address) 3109 Frederick Ave

[illegible] Lexington Mortuary Co. Registrar.

MAR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/12 1937, to 3/24 1937

I last saw h[illegible] alive on 3/24 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	3/15/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Simon E Kemp M. D.

(Address) Bon Secours Hosp.

33826 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33826

CERTIFICATE OF DEATH

V 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 22-d Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lina Matthews

(a) Residence: No. 45 E. Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George R.

6. DATE OF BIRTH (month, day, year) Sept 7 1839

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	97	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent on this occupation

12. BIRTHPLACE (city or town) (State or country) Bloxom Virginia

FATHER

13. NAME David Bloxom

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucretia Miles

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Evelyn Marks (daughter)
(Address) 45 E. Montgomery.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 3/26/37 19

19. UNDERTAKER Leonard J. Pugh
(Address) 5305 Harford Ave

20. FILED
25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia following fractured left femur	
Other contributory causes of importance: Cardiovascular sclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 25, 1937.

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury fell on floor

Nature of injury fractured left femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave,

M. D. F. 1268-9

F 33827

F 33827 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 23-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Ostend St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifton J. Larrimore

(a) Residence: No. 102 N. Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced
HUSBAND of (or) WIFE of LaVerne M. E. Larrimore

6. DATE OF BIRTH (month, day, year) June 24, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Firman J. Larrimore

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Roxanna Dukes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT LaVerne M. E. Larrimore (wife)
(Address) 102 N. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date March 26 1937

19. UNDERTAKER Edward E. Davis Co.
(Address) 1300 Edmondson Ave

20. FILED MAR 26 1937 Hamilton Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1937 to March 23, 1937

I last saw him alive on March 23, 1937 Death is said to have occurred on the date stated above, at 6.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic mitral regurgitation of heart and acute nephritis	?
Other contributory causes of importance: Chronic bronchitis and bronchial asthma	2/9/37

Name of operation - - - Date of

What test confirmed diagnosis? p.f. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signature) Harry Deiker M. D.

(Address) 1224-1226 Hanover St.

F 33828

33828 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 21958

20-5 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Shipley

(a) Residence: No. 2609½ Dulaney St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Shipley

6. DATE OF BIRTH (month, day, year) 12-22-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Abraham Pankert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Slyder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Date 3-16-1937

19. UNDERTAKER Randall E. Humphreys
(Address) 2501 N. Broadway

20. FILED 19 Registrar

MAR 25 1937 Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17. 1937. to March 19. 1937.

I last saw her alive on March 19. 1937. Death is said to have occurred on the date stated above, at 5.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Jan 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isadore Lamdin M. D.

(Address) Baltimore City Hospitals

F 33829

33829 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Hanover St. St. 23-2 Ward)

Registered No. V 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? 75 yrs. --- mos. --- ds.

2. FULL NAME Louise Gonderman. If U. S. Veteran specify WAR

(a) Residence: No. 1619 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ ~~WIFE~~ ~~HUSBAND~~ (or WIFE of) Conrad Gonderman

6. DATE OF BIRTH (month, day, year) February 15, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Kratz.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Stein.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Louis Gonderman.(son)
(Address) 1619 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 26 1937

19. UNDERTAKER W. F. & W. McCully
(Address) 136 E. Fayette Ave

Huntington Williams Reg'r

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

3/23/37 (Address) 1017 S. Charles St.

33830

F 33830

13659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St., 11-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Annie Wooster

(a) Residence: No. 912 N. Calvert Street St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83 (?)		:	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. 0069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME John H. Allen

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Hester Snow

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Waynesboro Pa. Date 3/28/37

19. UNDERTAKER Walter L. Stover
(Address) 275. Church St. Waynesboro Pa.

20. FILED MAR 25 1937 Huntington Williamsport, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-37 , 19

22. I HEREBY CERTIFY, That I attended deceased from 4-21-36 , 19 , to 3-25-37 , 19

I last saw h. er alive on 3-25-37 , 19 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows: | Date of onset

Myocarditis | 3-2-37 prev

Other contributory causes of importance:

Senilepsychosis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) O. L. Raymond M. D.

(Address) Baltimore City Hospital

AACo. 5-31 250B

F 33831

33831 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. Montgomery St. 27-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Martin L. Dudley

(a) Residence: No. 110 W. Montgomery St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Cora Dudley

6. DATE OF BIRTH (month, day, year) — 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tanner

10. Date deceased last worked at this occupation (month and year) 1/37

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Jackson Alabama

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Lucy Dudley

16. BIRTHPLACE (city or town) (State or country) Jefferson Alabama

17. INFORMANT Cora Dudley

(Address) 110 W. Montgomery

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 3/25/37

19. UNDERTAKER Isaac L. Brown & Son

(Address) 1054 W. Montgomery St

25 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/1/10, 1935, to Mar 23, 1937

I last saw him alive on Mar 22 1937, death is said to have occurred on the date stated above, at 12-9 m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Apoplexy	3 days
Chronic Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Dranoff, M. D.

(Address) 1 E W Lee

F 33832

33832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Leadenhall St. St. 23-1 Ward)

Length of residence in city or town where death occurred 1 yrs. -- mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Wright Jr. (c)

(a) Residence: No. 925 Leadenhall St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 6, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Wright Sr.(c)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Johnson.(c)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Wright.(c) mother
(Address) 925 Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 3/27/37 19

19. UNDERTAKER David L Brown & Son
(Address) 1080 W Montgomery st

20. FILED ... 19 ... Registrar

MAR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry) his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	
Whooping cough.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

3/25/37 (Address) 1017 S. Charles St.

33833 F 33833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hospital 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran (Specify WAR)

2. FULL NAME MISS CLEO CELESTIAL CASTLE

(a) Residence: No. MT. AIRY, MD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 4, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME George H. Cabtle

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Maud R. Gorell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Union Memorial Hos. Rec.
(Address) 33 2d & Calvert Sts.

18. BURIAL, CREMATION, OR REMOVAL Place Frederick, Md. Date 3-28, 1937

19. UNDERTAKER M. R. Etchison & Sons
(Address) Frederick, Md

20. FILED ... 19... Registrar

R 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/11/37, 1937 to 3/24, 1937

I last saw h. alive on 3/24, 1937 Death is said to have occurred on the date stated above, at 10.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytosis	Sept. 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood counts Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Clagett Black, M. D.

(Address) Union Memorial Hosp.

F 33834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

F 33834

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1178 Bellemore Rd St., 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME NELLIE TURNER GUNSTALL

If U. S. Veteran specify WAR —

(a) Residence: No. 1178 BELLEMORE Rd. St., — Ward. —

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed or divorced HUSBAND of (or) WIFE of W. BROOKE GUNSTALL

6. DATE OF BIRTH (month, day, year) MARCH 20 - 61

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	76	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) CLARK Cty VA

FATHER

13. NAME THOMAS TURNER.

14. BIRTHPLACE (city or town) (State or country) CLARK CTY,

MOTHER

15. MAIDEN NAME R. B. HARMEY,

16. BIRTHPLACE (city or town) (State or country) CLARK CTY, VIRGINIA

17. INFORMANT (Address) John M. Brooks 1178 Bellemore Rd

18. BURIAL, CREMATION, OR REMOVAL Place Norfolk Va. Date 3/27 1937

19. UNDERTAKER (Address) Hunkins Kemp & Cullipher Co Inc

20. FILED 3/25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to March 25th 1937

I last saw her alive on March 24th 1937. Death is said to have occurred on the date stated above, at 6.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (partial) due to a	March
rectal tumor over	22nd 1937
Acute Nephritis	
Other contributory causes of importance:	
Hemiplegia	April 1935

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Wm Dabney, M. D.

(Address) Preston Md

F 33835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33835

CERTIFICATE OF DEATH

95-B

Registered No. 16-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Rebecca Wallace

(a) Residence: No. 706 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mack Wallace

6b. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cabert Co Md

13. NAME Benjamin Mitchell

14. BIRTHPLACE (city or town) (State or country) Cabert Co Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Carroll Wallace

(Address) 706 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Island Creek Md. Mar 26, 37

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

MAR 25 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21. 1937. to March 23. 1937.

I last saw her alive on March 23. 1937 Death is said to have occurred on the date stated above, at 5 15 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardio-Vascular disease

Pulmonary edema

Date of onset: ? / 3-21-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B. Hays M. D.

(Address) University Hospital

F 33836

33836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 - 20256

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hattie Bevans

(a) Residence: No. 826 N. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Bevans

6. DATE OF BIRTH (month, day, year) 6-1-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Harper

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucinda Witcher

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT R. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date 3/29 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED 3-29-1937, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to March 24, 1937

I last saw her alive on March 24, 1937. Death is said to have occurred on the date stated above, at 6.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis (1)	Unknown

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wade Lantette M. D.

(Address) Baltimore City Hospitals

33837

F 33837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nora Christopher

(a) Residence: No. 2215 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edward J. Christopher

6. DATE OF BIRTH (month, day, year) Feb. 18-1880

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
57	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Denton (State or country) Caroline Co

FATHER

13. NAME Nicholes Covey

14. BIRTHPLACE (city or town) Denton (State or country) Caroline Co.

MOTHER

15. MAIDEN NAME Neona Nicholes

16. BIRTHPLACE (city or town) Denton (State or country) Caroline Co.

17. INFORMANT Ralph Christopher (Address) 2215 E Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Cem. Date Mar. 26 19 37

19. UNDERTAKER C. Miller & Son (Address) 2334 Jefferson St.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Apoplexy

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner . M. D.

(Address) 1912 E. North ave.

33838 Bailey ✓ E 33838

33838 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 749 W Mulberry St., 4-2- Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E Bailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 149 W Mulberry St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 6 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55 y 4		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Caroline Co Md

FATHER

13. NAME Tom Daily

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eliza Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cora I Bailey

(Address) 1001 N Carey

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date May 27, 37

19. UNDERTAKER Mrs Rutger B Williams

(Address) 322 N. Schroeder St.

20. FILED May 28 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937, to March 23, 1937

I last saw h..... alive on March 23, 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9 d
from	
Other contributory causes of importance: Chronic Nephritis	Mch 22

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H Norwood M. D.

(Address) 1509 W Fayette St

F 33839 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33839

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Belle Ave. St. 15-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Belle Cromwell

If U. S. Veteran specify WAR

(a) Residence: No. 3712 Belle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward B. Cromwell

6. DATE OF BIRTH (month, day, year) April 18, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME Cornelius H. Stocksdale

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

MOTHER

15. MAIDEN NAME Hillann Choate

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT Mr. Edward Clyde Cromwell
(Address) 3712 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date March 27, 37

19. UNDERTAKER Geo. H. Cook
(Address) 1005 N. Baltimore St.

20. FILED MAR 29 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21, 1937 to Mar 25, 1937

I last saw her alive on Mar. 24, 1937 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1925
Cerebral hemorrhage	3/21/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard C. Wood M. D.

(Address) 735 N. Fulton Ave.

F 33840

33840 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2858 Westwood Ave. St. 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Frederick A. Wetzelberger

(a) Residence: No. 2858 Westwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Wetzelberger

6. DATE OF BIRTH (month, day, year) July 28, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0008

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Aloysius Wetzelberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kuhber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara Wetzelberger
(Address) 2858 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 26 1937

19. UNDERTAKER Wm. H. Rook
(Address) 1005 W. Baltimore St.

20. FILED MAR 26 1937 Clifton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1936 to March 23, 1937

I last saw him alive on March 22, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

I. Abdominal malignancy — Sept 23 1936 over

Other contributory causes of importance: malignant cachexia

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no (Specify)

John A. Ruland M. D.
(Signature)

(Address) 1219 Poplar Grove St.

✓ F 33841

33841 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Belmont Ave. St., 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John E. Warner

(a) Residence: No. 2818 Belmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma A. Warner

6. DATE OF BIRTH (month, day, year) April 24, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Store

10. Date deceased last worked at this occupation (month and year) December 1925

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Mr. Warner

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Wm. H. Moore

(Address) 2818 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date March 27, 1937

19. UNDERTAKER Joseph F. Cook

(Address) [illegible] Baltimore St.

Registrar

20. FILED MAR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, 19 , to Mar 25th, 1937

I last saw h[illegible] alive on Mar 25th, 1937. Death is said to have occurred on the date stated above, at 4:30A m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Cardiovascular disease

Date of onset

Other contributory causes of importance:

senility

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Dr. M. Boyerly, M. D.

(Address) 2045 N. North Ave.

F 33842 HEALTH DEPARTMENT—CITY OF BALTIMORE F33842

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis William Ruths

If U.S. Veteran specify WAR .....

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widored

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannah Ruths

6. DATE OF BIRTH (month, day, year) January 11, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME George Ruths

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Nily

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT. Records--German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem. Date March 27 '37

19. UNDERTAKER Fred Ruth & Son
(Address) 1005 N. Baltimore St.

20. FILED Irvington Baltimore Md
261937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct.1/37, 19.., to Mch.25/37., 19..

I last saw him alive on Mch.24/37, 19.. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis.	Unknown.
Other contributory causes of importance:	
Diabetic Coma.	Mch.23/37.

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Fehling. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry Ruths Simmons M. D.

(Address) 935 Hanover St.

F 33843

33843 HEALTH DEPARTMENT—CITY OF BALTIMORE

18352 53-E

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balti ore Cit Hospt · St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Hemelt

(a) Residence: No. 109 Aisquith St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-20-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Theodore

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wubeler

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 3-26- 1937

19. UNDERTAKER J. J. Zahn & Sons
(Address) 1318 Light St

20. FILED MAR 26 1937 Clayton Matthews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1936, to March 23, 1937

I last saw him alive on March 23, 1937. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	1936
(Coma)	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Clinical What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wade Hamilton M. D.

(Address) Baltimore City Hospitals

33844 F 33844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

382

Registered No. 8 E-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., W. 1. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Connolly

(a) Residence: No. 145 N. Gay St. St., Ward.
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-6-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Genl Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Owen Connolly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Dugan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Date 3/26 1937

19. UNDERTAKER Tillman Cook Co
(Address) 1217 E. Fayette St

20. FILED MAR 26 1937 E. Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936 to March 23, 1937

I last saw him alive on March 23, 1937. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-23-37
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mabel Santelle M. D.

(Address) Baltimore City Hospitals

N. Lillirich - Falls Road.

33845 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 33845

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Clipper Mill Road) (Ward) 13-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME James F. Burke

(a) Residence: No. 1322 Clipper Mill Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Dora Burke

6. DATE OF BIRTH (month, day, year): May 16, 1865

7. AGE — Years: 71 | Months: 10 | Days: 6 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: James Burke

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Lucinda McCauley

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Dora Burke

(Address) 1322 Clipper Mill Road

18. BURIAL, CREMATION, OR REMOVAL: Mayaheysville, Va Date March 26, 1937

19. UNDERTAKER: J. T. Chenoweth Son

(Address) 36 E. 17 Chestnut Ave.

FILED 25 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1937, to March 24, 1937

I last saw him alive on March 24, 1937 Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance: Edema General, Hypostatic pneumonia, Arteriosclerosis, Senility. Eod

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Symptoms and clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Lillich, M. D.

(Address) 36 N. Fork Rd. Hyattsville, Md.

33846 713 Asquith St - to Weinstock

F 33846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2108 E. Federal St. E - V Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hilda M. Cropsey

If U.S. Veteran specify WAR .....

(a) Residence: No. 2108 E. Federal St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Cropsey.

6. DATE OF BIRTH (month, day, year) March 9, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Usually

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Richard Boig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary B. Sterner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George E. Cropsey

(Address) 2108 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Date March 26 1937

19. UNDERTAKER Chenoweth Son.

(Address) 3615-17 Eastern Ave

20. FILED 19 Registrar

MAR 26 1937 Washington Village, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1935 to March 24th, 1937

I last saw her alive on March 15th, 1937. Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1935

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alex Alkinstock, M. D.

(Address) 713 Asquith St

F 33847 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33847

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward) 17

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR .....

2. FULL NAME Agnes St heeler

(a) Residence: No. 3301 Hayward Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Wheeler

6. DATE OF BIRTH (month, day, year) May 21, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER FATHER

13. NAME Andrew Rutherford

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Bridget Tracy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Wheeler.

(Address) 3301 Hayward Ave.

18. BURIAL, CREMATION, OR REMOVAL

Mount Cathedral Date March 27 1937

19. UNDERTAKER Cheingwood & Son.

(Address) 3615-17 Eastern Ave

MAR 28 1937 Registrar for Baltimore City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28 to March 1937

I last saw her alive on March 23. 1937 Death is said to have occurred on the date stated above, at 12:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Marked?	
Senile Dementia Precox	1902
Other contributory causes of importance:	
La Grippe	3dy.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. M. Lyon C. Glass

(Address) 2326 Linden Ave

F 33848 ✓ F 33848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3268 157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1-1 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Sheridan

If U. S. Veteran specify WAR .....

(a) Residence: No. 3016 W. Hamwell St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar-24-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Sheridan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Viola Ketchum

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friends

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Mar 26 1937

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 Ed Monument

20. FILED MAR 26 1937 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24 1937 to Mar. 25 1937

I last saw her alive on Mar 25 1937 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple congenital abnormalities	birth
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

33849

F 33849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Druid Hill Avenue St., 14-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 6 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Kreamer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1501 Druid Hill Avenue St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Sept. 3, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9071

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Andrew Kreamer

14. BIRTHPLACE (city or town) -------- (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Lechner

16. BIRTHPLACE (city or town) -------- (State or country) Germany

17. INFORMANT S. R. Mears

(Address) 805 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 3/27 19 37

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert St.

26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above. 1 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..... 19.....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) A. Hayward Farmer M. D. Coroner

(Address) 1215 Hanover

33850

✓ F 33850

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Wyndhurst Avenue St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Coe Weatherley

If U. S. Veteran specify WAR

(a) Residence: No. 8 Wyndhurst Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Garvey

6. DATE OF BIRTH (month, day, year) ---

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wholesale

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James W. Weatherley

14. BIRTHPLACE (city or town) (State or country): --- Virginia

MOTHER

15. MAIDEN NAME: Maria Ringgold

16. BIRTHPLACE (city or town) (State or country): --- Maryland

17. INFORMANT: Mrs. Mary F. Weatherley

(Address) 8 Wyndhurst Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemetery Date 3/29 1937

19. UNDERTAKER Henry W. Mears & Son

(Address) 505 N. Calvert St.

20. FILED Huntington Williams, MD

MAR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1937, to Mar. 25, 1937

I last saw h(e) alive on Mar. 22, 1937. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion.	Mar 5, 1937
Other contributory causes of importance:	
Lymphosarcoma	Aug. 1936

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation Date of

What test confirmed diagnosis? none. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Charles F. Morgan, M. D.

(Address) 1014 St. Paul St.

33851 F 33851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 17-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Walter Booth Brooks Jr.

If U. S. Veteran specify WAR

(a) Residence: No. Fulton (Usual place of abode) 2nd St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Lloyd Rice

6. DATE OF BIRTH (month, day, year) Dec 27 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pres & Asundell

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brooks Concrete Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Walter B. Brooks

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Fanny L. Bonsal

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT L. Bonsal Brooks

(Address) Madison Apt 817 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Forest

Place St Thomas Garrison Date Mar 27 1937

19. UNDERTAKER Henry H. Jenkins Funl Co

(Address) McCulloh & Eutaw Sts.

20. FILED Mar 26 1937 for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24 1937 to March 25 1937

I last saw h... alive on March 24, 1937. Death is said to have occurred on the date stated above at 12:42 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3-25-37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L Clagett Beck M. D.

(Address) Union Memorial Hosp.

F 33852 ✓ F 33852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sr. Mary Bathildis Gangler

(a) Residence: No. Convent of Notre Dame St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Convent 0065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Gangler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Bannegartner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sisters of Notre Dame
(Address) 901 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Notch Cliff Md. Date Mar. 26th 19 37

19. UNDERTAKER George M. Fink & Son
(Address) 811 N. Wolfe St

20. FILED ..... 19 ..... Registrar

MAR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 37 to March 24 37

I last saw her alive on March 23. 1937 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Chr Myocarditis	1921
Other contributory causes of importance: Arterial Hypertension with Sclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Exam was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William P. Keagle M. D.

(Address) 10 E Biddle St

F 33853

33853 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital (Ward) 76-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Ann McFall

If U.S. Veteran specify WAR .....

(a) Residence: No. 3512 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 29 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	13	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary A Nadonly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT William McFaul

(Address) 3512 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL 14 May 37

Place Sacred Heart Date 3/28 —

19. UNDERTAKER John J Reuda

(Address) 2811 Hudson St

20. FILED [illegible] Deputy

MAR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22 . 1937 to March 25 . 1937

I last saw him alive on March 25 . 1937 Death is said to have occurred on the date stated above, at. 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nutritional Anemia	?
Rickets	?

Other contributory causes of importance:

Bronchitis	1 wk

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson, M. D.

(Address) St Josephs Hosp.

M. D. B. 1268-9

✓ F 33854

33854 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 W. Lombard St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME SIDNEY FERDWITZ

(a) Residence: No. 804 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Jones Ferdwitz

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Men's Clothing

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

13. NAME Not Known

FATHER

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Joseph Berger (Address) 804 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date March 29 1937

19. UNDERTAKER John Greblinskye (Address) 844 S. Paca St.

20. FILED 1937 Washington Wilhelm, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1935 to March 25, 1937.

I last saw h/m alive on March 24, 1937. Death is said to have occurred on the date stated above, at 1515 10.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-16-37
Other contributory causes of importance:	
Asthma	1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Milan, M. D.

(Address) 6 Washington

Yuskowich

F 33855 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33855

CERTIFICATE OF DEATH

79-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hosp 24 Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Katie Yuskowich

If U. S. Veteran specify WAR

(a) Residence: No. 466 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 20, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	6	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Yuskowich

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Reisnet

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Father
(Address) 466 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Trinity Cemetery Date March 27 1937

19. UNDERTAKER John Grebliunas
(Address) 823 E. Pasa St.

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-18-1937 to 3-24-1937

I last saw h.. alive on 3-24-1937 Death is said to have occurred on the date stated above, at 5 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	3-17-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fallway Lytle M. D.

(Address) Lyndenham Hosp

M. D. B. 1268-9

✓ F 33856

33856 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3246 Normandy St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis C. Trautaugh

(a) Residence: No. 3246 Normandy St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William F. Trautaugh

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Sara A. Wilkinson

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT William F. Trautaugh

(Address) 3246 Normandy Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Mch 29 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH ✓

21. DATE OF DEATH (month, day, year) Mch 25 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27 1936 to Mch 25 1937

I last saw h[illegible] alive on Mch 25 1937 Death is said to have occurred on the date stated above, at 5.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchopneumonia	May 26

Other contributory causes of importance:

Meningitis	Mch 25 '37

Name of operation ... Date of ...

What test confirmed diagnosis? Necropsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.

(Address) 1605 N. North Ave.

26 1331

F 33857

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33857

CERTIFICATE OF DEATH

127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospl 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME mrs Laura Theiss

(a) Residence: No. 2101 W. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of John C Theiss

6. DATE OF BIRTH (month, day, year) Oct 20 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME George O'Donnell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anne Mann

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Mary Ellen Mueller

(Address) 3600 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem Date Mar 29 1937

19. UNDERTAKER Harry A. Annacostone

(Address) 4204 Ridgewood Ave

20. FILED MAR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) march 25 1937

22. I HEREBY CERTIFY, That I attended deceased from march 6 1937 to march 25 1937

I last saw her alive on march 25 1937 Death is said to have occurred on the date stated above, at 10 12 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset .....

Other contributory causes of importance:

C Nephritis

Was an operation performed? yes Date of 3/6/37

For what disease or injury? Cholecystitis

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Milton Levin M. D.

(Address) W 39

Dr Henrsen

33858 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33858

CERTIFICATE OF DEATH

H6-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Mt Royal Terrace St., 13 Ward)

Registered No.

(If death occurred in a hospitol or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Rebecca Williamson

If U. S. Veteran specify WAR

(a) Residence: No. 2200 Mt Royal Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Isaac E Williamson

6. DATE OF BIRTH (month, day, year) Feb 12 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md.

FATHER

13. NAME Samuel L Fox

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Rowhasson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT James F Williamson

(Address) 509 Mt Orchard Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Church Hill Cem. Date Mar 28. 37

19. UNDERTAKER John J Kenny

(Address) 7. S Eight St

20. FILED 19 Register

MAR 26 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to March 25 1937

I last saw h[illegible] alive on March 25 1937. Death is said to have occurred on the date stated above, at 4.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	6 mos.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Henrsen M. D.

(Address) 20 E. Preston Street

33859 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33859

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 S. Decker ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Kluzynski

If U.S. Veteran specify WAR .....

(a) Residence: No. 1223 S. Decker ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Nov 14/58

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Karl

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Frances Szablewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Kluzynski

(Address) 1223 S. Decker ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Mar 27 1937

19. UNDERTAKER Martin W.C. Diffel

(Address) 32 S. Carey st

20. FILED Lexington Filiusters, Jr.

MAR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to , 19

I last saw him alive on March 24, 1937. Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular Renal disease	1 yr
Lobar Pneumonia	1 wk.
Other contributory causes of importance:	
Grip last Nov.	30 yr.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Szyho, M. D.

(Address) 2227 Eastern Ave

33860 Tunstall ✓ F 33860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 518 N. Mount St., 19-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucile Tunstall

If U.S. Veteran specify WAR ...

(a) Residence: No. 518 N Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Tunstall

6. DATE OF BIRTH (month, day, year) March 8 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer do w3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex co Va

FATHER

13. NAME Henry Tunstall

14. BIRTHPLACE (city or town) (State or country) Essex co Va

MOTHER

15. MAIDEN NAME Mary Scott

16. BIRTHPLACE (city or town) (State or country) Essex co Va

17. INFORMANT Mrs Carrie Tunstall
(Address) 518 N Mount street

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date March 27 1937

19. UNDERTAKER Joseph A. Sisely
(Address) 1094 N Mount St

[illegible] 1937 [illegible] Washington Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/23/37

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1936 to March 23 1937

I last saw h[illegible] alive on March 22 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/11/37
	3/6/37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) B. F. Hatcher M. D.
(Address) [illegible]

33861 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33861

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Bolton St. 14-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Mickle

(a) Residence: No. 1435 Bolton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 17th 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert Mickle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Stephanie de La Reintie

16. BIRTHPLACE (city or town) (State or country) Havana Cuba

17. INFORMANT Mary Mickle

(Address) 1435 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date March 27 1937

19. UNDERTAKER J. Bluhm's Son Co
Leland H. Cobb

(Address) .....

20. FILED ..... 19..... [illegible]

MAR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20th 1937 to March 25th 1937

I last saw h... alive on March 25th 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	March 25th
Pulmonary Edema	March 23/37

Other contributory causes of importance:

Arteriosclerosis	Years
Coronary Disease (Angina)	2 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Cleland M. D.

(Address) 1300 N. Calvert St

✓ F 33862

33862 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Norman

If U.S. Veteran specify WAR ...

(a) Residence: No. 135 W. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co Va

MOTHER FATHER

13. NAME William Norman

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lillie Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William Norman

(Address) 135 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Milford Va Date 3/28/37

19. UNDERTAKER Frances A. Wemsley

(Address) 878 W. Biddle St

20. FILED MAR 26 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 . 1936 to March 25 . 1937

I last saw her alive on March 25 . 1937 Death is said to have occurred on the date stated above, at 3 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 36
Tuberculous Pneumonia	—
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St. Joseph's Hosp.

F 33863

F 33863 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Baltimore, Maryland. Registered No.

CITY OF BALTIMORE: (No. 2906 Overland Ave St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Marie Linck

If U.S. Veteran specify WAR

(a) Residence: No. 2906 Overland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced (or) WIFE of Frederick F. Linck.

6. DATE OF BIRTH (month, day, year) Feb. 12, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER FATHER

13. NAME Michael Eiklaud

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Christine Schaefer.
(Address) 2804 Westfield Ave.

18. BURIAL, CREMATION, OR REMOVAL London Park Date 4/28, 1937

19. UNDERTAKER Lingan Myers
(Address) 1305 Hanford Rd

20. FILED APR 26 1937 Lexington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1937 to March 26, 1937.

I last saw her alive on March 25, 1937. Death is said to have occurred on the date stated above, at 11 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - large intestine	Nov. 1936
Carcinoma - breast	Oct 1935
Other contributory causes of importance: Auricular Fibrillation	Nov. 1936

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Arthur Kanzig, M. D.
(Address) 4335 Hanford Road.

F 33864

33864 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 E. Chase St. St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Pletzer

(a) Residence: No. 1805 E. Chase St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) February 5-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

FATHER

13. NAME Leo Pletzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wonda

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Agnes Pletzer

(Address) 215 Jonas Ave Indianapolis

18. BURIAL, CREMATION, OR REMOVAL

Place Indianapolis Date Mar 26 1937

19. UNDERTAKER John Ulrich

(Address) 2045 Division St

MAR 26 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schnepker, M. D. Coroner

(Address) 1919 E. North Ave.

V56

Spec.—1-10-21—M&T—1500 Blks.

F 33865

3865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-e

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 N Gorsuch St., 4-7 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Salvatore Cincotta

(a) RESIDENCE No. 322 N Gorsuch ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed, or Divorced, (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maria DeAngelo

6 DATE OF BIRTH (month, day, and year) Dec. 13-1880

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
56.	1880	Dec	13	
	3	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 1044

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy Italy

PARENTS

10 NAME OF FATHER Joseph Cincotta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sicily Italy

12 MAIDEN NAME OF MOTHER Angela Longo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sicily

14 Informant Carmelo Brocato

(Address) 322 N Gorsuch

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 24th 1937

17

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1935, to March 24, 1937, that I last saw h[illegible] alive on March 23d, 1937, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Cardiac Sclerosis

(duration) 7 yrs. mos ds.

CONTRIBUTORY (Secondary) Oedema of lungs

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms X-R.

(Signed) Joseph Cincotta M. D.

(Address) 2301 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL March 27 1937

20 UNDERTAKER Frank Della Rose

ADDRESS 52 N. Monroe

1937

M. 33866 ✓ F 33866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 W. Pratt St., 22-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry E. Wurach

If U. S. Veteran specify WAR .....

(a) Residence: No. 733 W. Pratt St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 20, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Wurach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clarence A. Reinhardt
(Address) 2705 Tivola Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Mar 27 1937

19. UNDERTAKER Jno. Wm. John W. Geipel & Son
(Address) 501 W. Fayette St.

20. FILED MAR 29 1937 Herington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Diseas of	
Heart	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) H. O. Reuter M. D.
Coroner

(Address) 227 Lexington

F 33867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33867

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Echodale ave St., 27-L Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John P. Bresser sr.

(a) Residence: No. 2905 Echodale ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Bresser

6. DATE OF BIRTH (month, day, year) Oct. 27th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Dealer

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME George Bresser

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs Emma Bresser
(Address) 2905 Echodale ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Edmondson Cemetery Date March 27 1937

19. UNDERTAKER Frederick Eisenstadt
(Address) 1401 Edmondson Ave

3/26 1937 19 ... Registrar

Frederick Eisenstadt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37 19 .. to 3/24/37 19 ..
I last saw h alive on 3/24 1937 Death is said to have occurred on the date stated above, at 6.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kyon Golden M. D.

(Address) 5103 Harford Rd

F 33868

✓ F. 33868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St. St., 13-7 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Smith Nelson

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Spencer B. Nelson

6. DATE OF BIRTH (month, day, year) Oct 12, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME James Gibson Smith

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Anna Eliza Stillings

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT J. Edgar Smith

(Address) Washington D.C. Wyoming State

18. BURIAL, CREMATION, REMOVAL

Place Congressional Cem. Date Mch 29 1937

19. UNDERTAKER John A. Mitchell Sons

(Address) 1900 [illegible] Washington, D.C.

FILED MAR 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936, to March 25, 1937.

I last saw h[illegible] alive on March 25, 1937. Death is said to have occurred on the date stated above, at 9:50 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial failure	3-26-37
Other contributory causes of importance:	
Obesity	?

Was an operation performed? no Date of .....

For what disease or injury?

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Conrad Acton M. D.

(Address) Home for Incurables

M. D. B. 1268-9

✓ F 33869

33869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Vol 82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1021 West 32 St. St., 13 Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Hawkins

(a) Residence: No. Delta Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susan E Hawkins

6. DATE OF BIRTH (month, day, year) Jan 5 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tomb Stones

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Jonestown Penna

FATHER

13. NAME William Hawkins

14. BIRTHPLACE (city or town) (State or country) Alexander Va

MOTHER

15. MAIDEN NAME Sarah Ross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs M Forrestal

(Address) 1021 West 32 St Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place State Vault Date 3-29 1937

19. UNDERTAKER C. Klutz & Son

(Address) Jonestown Md.

20. Filed 3-27 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25 1937 to March 26 1937

I last saw him alive on March 26 1937 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/25/37

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl. Cr. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wm. N. Mottaud Jr. M. D.

(Address) 1301 St. Paul St.

F 33870

33870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Lemmon St., 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susanna Milliken Warden

If U. S. Veteran specify WAR .....

(a) Residence: No. 602 Lemmon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 22 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hugh Warden

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alice McBlair Roney

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Alice McBlair Warden
(Address) 602 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date March 29 1937

19. UNDERTAKER Henry E Jenkins Sons Co
(Address) Orchard & McCulloh Sts

20. FILED ... Registrar.

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1937 to March 26 1937
I last saw her alive on March 26 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1936
Hypertension	1936

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Shotland M. D.

(Address) 1304 Calvert St

F 33871

33871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1926 Christian St. 20-3 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Marie Thompson
If U. S. Veteran specify WAR .....

(a) Residence: No. 1926 Christian St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Roland A Thompson
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Elizabeth A Klingelhofer
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth A. Thompson
(Address) 1926 Christian St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Mch 27 1937

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED Mar 29 1937 [illegible] Registrar

27 1937

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 3-26 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. (Acute

The principal cause of death and related causes of importance were as follows: 3-24 37 Date of onset

Lobar Pneumonia

Other contributory causes of importance: Whooping Cough - Rubella 1-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Zirkler M. D.
Coroner

(Address) .....

33872 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33872

CERTIFICATE OF DEATH

94-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Aisquith St., 9-9 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth?...yrs...mos...ds.

2. FULL NAME Marie F Connor

If U. S. Vet. specify WAR No Record

(a) Residence: No. 1717 Aisquith St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced — (or) WIFE of John H. Connor

6. DATE OF BIRTH (month, day, year): Jan 23 1864

7. AGE: Years: about 73 | Months: 2 | Days: 21 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Ebin Staples

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Julia "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Julia V. Wilbert 3153 Tilden Drive

18. BURIAL, CREMATION OR REMOVAL: Place: Baltimore Date: 3/29/37

19. UNDERTAKER: McGuigan Book (Address) 217 So Paul Street

20. FILED ... 19..... Registrar.

MAR 27 1937 Huntington Avenue, MD

(2449)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1937 to March 24, 1937

I last saw her alive on March 24, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	3/19
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify ...

(Signed) A. L. Hornstein, M. D.

(Address) 733 Aisquith St

F 33873

HEALTH DEPARTMENT—CITY OF BALTIMORE

33873

CERTIFICATE OF DEATH

93-C

Registered No. 16-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 W. Lanvale St., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of, street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Joseph T. Young

If U. S. Veteran specify WAR

(a) Residence: No. 3011 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Annie R. Sapp Young

6. DATE OF BIRTH (month, day, year) Aug. 3, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Martin Young

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. M. Young
(Address) 3011 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date March 27, 19

19. UNDERTAKER Harry A. Meyer
(Address) 4101 Edmondson Ave.

20. FILED Huntington. Wilson
MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1937 to March 24, 1937

I last saw h[illegible]live on March 20th, 1937. Death is said to have occurred on the date stated above, at 12.10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	—
Arteriosclerosis	
Other contributory causes of importance: Chr. Prostatic Hypertrophy	3/1/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wenerhan M. D.

(Address) 1401 Eutaw St

33874 F 33874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH Md. Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Heath If U. S. Veteran specify WAR

(a) Residence: No. 813 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Anna Wood Heath

6. DATE OF BIRTH (month, day, year) Feb 24 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Elisha Heath

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Huntington Calmes (Address) 104 Read St

18. BURIAL, CREMATION, OR REMOVAL Place Pound Ridge Date Mar 29 1937

19. UNDERTAKER Harry H. Wirtz (Address) 1101 Edmondson Ave

20. FILED Mar 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/1937

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1937 to 3-26 1937

I last saw him alive on 3-26 1937 Death is said to have occurred on the date stated above, at 10:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	
Other contributory causes of importance: Pneumonia	

Was an operation performed? Yes Date of 3-4-37

For what disease or injury? Carcinoma prostate

Name of operation Resection, transurethral

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Ewald M. D.

(Address) Md. Gen. Hosp.

2-7 1937

33875

HEALTH DEPARTMENT—CITY OF BALTIMORE

33875

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. M-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice May Spivey

(a) Residence: No. Sparrow Point Rd (Edgemere) St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 14 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Edgemere Md

FATHER

13. NAME Logan O Spivey

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary M Lee

16. BIRTHPLACE (city or town) (State or country) Sparrow Pt Md.

17. INFORMANT (Address) Mrs Mary M Spivey Sparrow Pt. Rd Edgemere Md

18. BURIAL, CREMATION, OR REMOVAL. Place Oak Lawn Date Mar 29 1937

19. UNDERTAKER John F Penny (Address) 712 Light St

20. FILED ..... 19 ..... Registrar

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	3/25

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/25 1937

Where did injury occur? Fell from truck near Edgemere
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Thrown to ground while riding on truck

Nature of injury Injuries caused death

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Baltimore City Coroner, M. D.

(Address) 711 Fallsway

M. D. B 1268-9

33876 HEALTH DEPARTMENT—CITY OF BALTIMORE 33876

CERTIFICATE OF DEATH

157-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town here death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillie K. Prattis

(a) Residence: No. Federalsburg Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Percy Prattis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virgie Seymour

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Percy Prattis
(Address) Federalsburg

18. BURIAL, CREMATION, OR REMOVAL
Place Federalsburg Cem. Federalsburg, Md. Date Mar. 27, 1937

19. UNDERTAKER J. T. Trappton & Son.
(Address) Federalsburg, Md.

MAR 27 1937 Huntington Williamsport MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malformation of Rectum	
Hydrocephalus	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) F. K. Mullen Coroner, M. D.

(Address) 375 W. Fayette

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33877

CERTIFICATE OF DEATH

11 V F 33877

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. N. S. Marine Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allen Christy

If U. S. Veteran specify WAR .....

(a) Residence: No. 543 Biddle St St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Sept 15, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-15-1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King Williams Co. Va

FATHER

13. NAME William Christy

14. BIRTHPLACE (city or town) (State or country) Va ?

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Regds U. S. Marine Hosp

(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Mar 27th 1937

19. UNDERTAKER Thos O Wilson

(Address) 1021 Pennsylvania Ave

27 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1918
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) Baltimore

OCCUPATION is very important. See instructions on back of certificate.

33878 F 33878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 3

CITY OF BALTIMORE: (No. ..... St., 2 ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Blome (Blume)

If U. S. Veteran specify WAR ....

(a) Residence: No. 701 S. Wolfe St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roof work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2 yrs, ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Michael Blome

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary ??

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Records, U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date Mar 29, 1937

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 405 S. Wolfe St.

20. FILED ..... 19..... Registrar

MAR 27 1937 Huntington Hallinan, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1937, to March 26, 1937.

I last saw him alive on March 26, 1937 Death is said to have occurred on the date stated above, at 12:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced (bronchopneumonic)	2 mos.
Laryngitis, tuberculous	2 mos.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? PM Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) R. D. Laurence, M. D.

(Address) U. S. Marine Hospital

21843 ✓ F 33879

33879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christian Wehmer

If U. S. Veteran specify WAR ...

(a) Residence: No. 3308 Foster Ave. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 6-7-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Philip

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sabena Kidele

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date March 30th 1937

19. UNDERTAKER Lilly-Quiley Inc.

(Address) 708 N. Howard St.

20. FILED ... 19... Registrar.

MAR 27 1937 Huntington Hallowell, Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-13, 1937 to 3-26-, 1937

I last saw him alive on 3-26, 1937. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-16-37

For what disease or injury? Carcinoma of Esophagus

Name of operation Gastrostomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. C. Brantigan M. D.

(Address) Baltimore City Hosp.

F 33880

333880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Concetta Aversa

If U.S. Veteran specify WAR

(a) Residence: No. 606 South Decker Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfonso Aversa

6. DATE OF BIRTH (month, day, year) Sept 15 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or ~~town~~) (State or country) Italy

17. INFORMANT. Raymond Aversa

(Address) 606 S Decker Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Sacred Heart Date March 27 37

19. UNDERTAKER John Ulrich & Sons

(Address) 2008 Belgium St Huntington Williams, MD

17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1937 to March 26, 1937

I last saw her alive on March 25 1937 Death is said to have occurred on the date stated above, at 7 46 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyroiditis	?
Other contributory causes of importance: Chronic Myocarditis	2 dys

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hosp

33881

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33881

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Welcome St., 22-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Byrd

(a) Residence: No. 118 Welcome St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hattie Perry

(Address) 118 Welcome Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 3-29 . 1937

19. UNDERTAKER James A Stayes

(Address) 1142 Druid St

MAR 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 24 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 22 . 1937 to Mar 24 . 1937

I last saw him alive on Mar 24 . 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	—
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Dr Hamill M. D.

(Address) 109 Mitchell St

22067

F 33882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-1 108

F 33882

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John McDowell

(a) Residence: No. 29 N. Eden St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-11-1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date March 29 1937

19. UNDERTAKER Robert F. Williams
(Address) 15-15 Mt Calvary St

20. FILED ... 19 ... Registrar.

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21 1937 to March 24 1937

I last saw him alive on March 24 1937. Death is said to have occurred on the date stated above, at 7.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-16-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. De Santillo M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 33883

33883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Liberty Hts & Hilton 15-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Leonard Long

If U. S. Veteran specify WAR

(a) Residence: No. Hilton Court Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. Long.

6. DATE OF BIRTH (month, day, year) June 14, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman-Bethlehem Steel Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John M. Long

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Odette Chauvaux

16. BIRTHPLACE (city or town) (State or country) (Unknown)

17. INFORMANT (Address) Mrs. Mary A. Long Hilton Court Apts

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Mar. 27 37

19. UNDERTAKER (Address) Wm. H. Deckers Sons North & Reaves

20. FILED 19 Registrar

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Mary Coroner M. D.

Coroner

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33884 F 33884

CERTIFICATE OF DEATH

23-2 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Fischer

(a) Residence: No. 1516 Hanover Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-18-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Ernest Fischer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Adelaide ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAR 29 1937

19. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave

20. FILED MAR 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1937, to March 25, 1937.
I last saw her alive on March 25, 1937. Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-22-37
Other contributory causes of importance:	
Arteriosclerosis	1928
Hypertrophic cirrhosis	about

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. L. DeSantis, M. D.

(Address) Baltimore City Hospitals

F 33885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33885 12644

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-282 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Duffy

If U. S. Veteran specify WAR

(a) Residence: No. 46 S. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard J. Duffy,

6. DATE OF BIRTH (month, day, year) 6/4/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Peter Duffy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Reynolds

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date MAR 29 1937

19. UNDERTAKER Geo W Sitter
(Address) 700 Edmondson Ave

FILED MAR 27 1937 Huntington Nathaniel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to March 24, 1937

I last saw her alive on March 24, 1937. Death is said to have occurred on the date stated above, at 5.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-24-37
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Le Sauvage, M. D.

(Address) Baltimore City Hospitals

93

F 33886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33886

1. PLACE OF DEATH: Union Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 3 2 6 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 7 mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Baby boy Greeley — If U. S. Veteran specify WAR .....

(a) Residence: No. 3356 Hickory St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Dec. 8, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3 4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Ralph Greeley

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Evelyn Babylon

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Ralph Greeley
(Address) 3356 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Mary's Hampden Date: Mar 27, 1937

19. UNDERTAKER: Chenoweth Bros.
(Address) 3615-17 Chestnut Ave.

20. FILED: MAR 27 1937 — Clayton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1936 to Mar. 26, 1937

I last saw h[illegible] alive on Mar. 26, 1937 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Prema Purity	Birth
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hospital.

F 33887

F 33887 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 91

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 S Carey St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles H. Torbeck

(a) Residence: No. 1220 S Carey St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Katherine Torbeck

6. DATE OF BIRTH (month, day, year) Dec 4 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 50 73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O - R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Torbeck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maurer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter Mrs Christian Birx (Address) 1220 S Carey St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date March 29 37

19. UNDERTAKER Jos Jourdenais & Son (Address) 217 S Paca Ste.

MAR 27 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26 1937 10:00 A.M. 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1937 to Mar 26 1937

I last saw h[im] alive on Mar. 24 1937. Death is said to have occurred on the date stated above, at 10:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Sclerosis	
Hypostatic Pneumonia	3/27/37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) G. Morley Stone M. D.

(Address) 729 Park Ave.

F 33888

33888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Med Gen Hospital

CITY OF BALTIMORE: (No. 929 Mad St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Coy addison

If U. S. Veteran specify WAR

(a) Residence: No. 929 Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	Dec 3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Chas. S. C.

FATHER

13. NAME Coit Addison

14. BIRTHPLACE (city or town) (State or country) St Chas. So C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Nora Lee

(Address) 929- Mad. ave

18. BURIAL, CREMATION, OR REMOVAL Place St Charles Date 3/27 1937

19. UNDERTAKER Chas J. Alexander

(Address) 1200. McCulloh St

20. FILED 19 Registrar.

3-27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/21 1937 to 3/25 1937

I last saw h[illegible] alive on 3/25 1937. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/17/37
Other contributory causes of importance:	
Hospitalitis	3/21/37
Cardiac failure	3/24/37

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) Med Gen Hosp

F 33889

33889 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 54

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 to 40th St. St., 13-J Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Susan Washington Bisson If U. S. Veteran specify WAR

(a) Residence: No. 700 W. 40th St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 22 - 1865

7. AGE 72 Years	Months 1	Days 3	If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Bisson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha Dubois Lewis

16. BIRTHPLACE (city or town) (State or country) Lancaster Co Pennsylvania

17. INFORMANT Emily I Barnhill
(Address)

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery Date Mar. 27. 1937
Place

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry J. Sander
(Address) Baltimore & Broadway.

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9 1934 to March 24 1937

I last saw her alive on March 24 1937 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1917
Other contributory causes of importance: Amputation left lower leg for Gangrene	1932

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm F Mays M. D.

(Address) Medical Arts Bldg

F 33890

33890 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lyderhan Hospital St. 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
If U. S. Veteran specify WAR

2. FULL NAME Samuel Johnson
(a) Residence: No. 564 Baker St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 17, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stud

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Columbia S.C.

MOTHER

15. MAIDEN NAME Lenier Thornton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lenore Johnson
(Address) 564 Baker St

18. BURIAL, CREMATION, OR REMOVAL Place MACPHELAH Date 3/27/37

19. UNDERTAKER J.N. SKINNER
(Address) 1120 DRUID HILL AVE

20. FILED MAR 27 1937 Huntington Nottingham, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1937 to Mar. 23, 1937

I last saw h/ alive on Mar. 23, 1937. Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3/1/37
Lobar Pneumonia	3/10/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sidney Selman M. D.
(Address) Lyderhan Hospital

14

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33891

CERTIFICATE OF DEATH

F 33891

1. PLACE OF DEATH Md. Gen Hospital

CITY OF BALTIMORE: (No. 5-7-11 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Annie Patterson

If U. S. Veteran specify WAR .....

(a) Residence: No. 419 Homeland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry S Patterson

6. DATE OF BIRTH (month, day, year) May 4 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John H Velten

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Lenz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry S Patterson

(Address) 419 Homeland Ave

18. BURIAL, CREMATION, OR REMOVAL Eastern Date March 29 1937

19. UNDERTAKER Franklin & Sons

(Address) 814 W 36 St

Huntington Williams, Registrar.

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/15/37 to 3/25 1937

I last saw h.. alive on 3/25 1937 Death is said to have occurred on the date stated above, at 6.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1927

Other contributory causes of importance:

Staphococcus Aureus Septicemia	4 days
Cardiac Failure	1 day

Was an operation performed? Yes Date of 3/16/37

For what disease or injury? Furunculosis

Name of operation Inc + Dr. Tuberculosis

What test confirmed diagnosis? Path - Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Josiah A. Hunt M. D.

(Address) Md. Gen. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33892

CERTIFICATE OF DEATH

F 33892

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Caswell St., 9-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Bernard J Shannon

(a) Residence: No. 1419 Caswell St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lola Shannon

6. DATE OF BIRTH (month, day, year) 11-10-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 406

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME ...

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Elizabeth Vernon

(Address) 1419 Caswell St.

18. BURIAL, CREMATION, OR REMOVAL Interment Date 3/27/37

19. UNDERTAKER Leonard Bruch

(Address) 120 Hamilton

20. FILED ... Registrar.

MAR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/24/37

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37, 19..., to 3/24/37, 19... I last saw him alive on 3/24/37, 19... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortico-Sclerosis	
Chronic Bronchitis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. W. Tolley M. D.

(Address) 5703 Stafford Rd

F 33893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

F 33893

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital) Ward 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Bell Clary

(a) Residence: No. 1106 Cloney St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) May 6 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none housewife 3-27-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME John David

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Sealie Hopkins

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT George Clary

(Address) 1106 Cloney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Chews Chapel Md Date Mar 28, 37

19. UNDERTAKER Mrs Katie A Williams

(Address) 322 N Schroeder St Huntingdon Walkersville Md

R 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd degree Burns over right side face & body	

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or Accident? Date of injury Feb 15 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home while carrying lamp up stairs lighted. Alcohol + gas exploded

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1014 S. Edmondson Ave.

USE

F 33894

33894 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B 20164

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 231 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Sanders

(a) Residence: No. 129 W. Clement St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 9-15-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	6	9 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Willis

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Mar 29 1937

19. UNDERTAKER John F. Deyney
(Address) 715 Lights

20. FILED MAR 27 1937 Registrar. Clifton Hillman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937, to March 26, 1937

I last saw him alive on March 26, 1937. Death is said to have occurred on the date stated above, at 1550 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	Oct 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wade Sandtable M. D.

(Address) Baltimore City Hospitals

33895 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33895

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hos St. 27-16 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mr. Edward L. Ringer

If U. S. Veteran specify WAR .....

(a) Residence: No. 3121 Woodland Ave St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Ringer

6. DATE OF BIRTH (month, day, year) Jan 7 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Isaiah Ringer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara A Line

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. C. P. Englar

(Address) 3121 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Boonsboro Md Date Mar 29. 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St

27 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to March 25, 1937

I last saw him alive on March 25, 1937. Death is said to have occurred on the date stated above, at 11.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
(Coma)	
Other contributory causes of importance:	

Was an operation performed? yes Date of 3/17/37

For what disease or injury? .....

Name of operation Supra pubic Prostatectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jerome Edelman, M. D.

(Address) Maryland Gen'l Hosp.

VS 3

F 33896

HEALTH DEPARTMENT—CITY OF BALTIMORE

33896

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Warren Av St. 52-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Emmitt H Whitehead

(a) Residence: No. 218 Warren Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Lee Whitehead

6. DATE OF BIRTH (month, day, year) Feb 23 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Capt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

FATHER

13. NAME Emmitt Whitehead

14. BIRTHPLACE (city or town) (State or country) Portsmouth Va

MOTHER

15. MAIDEN NAME Lydia Esslick

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Ruth Bauer

(Address) 218 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth Va Date Mar 27 1937

19. UNDERTAKER John F Young

(Address) 715 Light St

20. FILED MAR 27 1931 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18th 1937 to March 26, 1937

I last saw him alive on March 26, 1937 Death is said to have occurred on the date stated above, at 2.45 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchitis, chronic myocarditis	Mar. 18. 1937
Other contributory causes of importance: Broncho-pneumonia	3/24/37.

Was an operation performed? no Date of - - -

For what disease or injury? - - - -

Name of operation

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1227 - 1226 Hanover St.

F 33897

33897 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21918 342-82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William Tarter

(a) Residence: No. 443 W. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Tarter

6. DATE OF BIRTH (month, day, year) 2-16-1876

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Calvary Date 3/27/37

19. UNDERTAKER Herman P. Stansbury
(Address) 818 Druid Park Dr.

... 19... Registrar

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937, to March 20, 1937

I last saw him alive on March 20, 1937. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-15-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wade Santelle, M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 33898

F 33898 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital St. (or Ward) 6-1

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James White

(a) Residence: No. 609 N. Carrollton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE of~~ Sarah W White

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooperage 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME James W White

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Hattie Beverley

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Raymond W White
(Address) 609 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Elizabeth City N C Date 3/27/ 1937

19. UNDERTAKER Frances A Hensley
(Address) 318 W Baltimore St

27 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1937 to Mar 27 1937

I last saw h[illegible] alive on Mar 27 1937 Death is said to have occurred on the date stated above, at 1.32 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar pneumonia —	3-22-37
Anemia & pulmonary	

Other contributory causes of importance:

None	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred In industry, In home, or In public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D Carr M. D.

(Address) 512 Madison St

OCCUPATION is very important. See instructions on back of certificate.

F 33899

33899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME Baby Boy Heintz

(a) Residence: No. Severn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/20/37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Severn
(State or country) Md.

FATHER

13. NAME Father Heintz

14. BIRTHPLACE (city or town)
(State or country) Penn.

MOTHER

15. MAIDEN NAME Dora Richards

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Mother
(Address) Severn.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date MAR 24 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

MAR 24 1937

3303 ft

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/22/37

22. I HEREBY CERTIFY, That I attended deceased from 3/20/37 to 3/22/37

I last saw him alive on 3/22/37 Death is said to have occurred on the date stated above, at 6 pm.

The principal cause of death and related causes of importance were as follows:

Prematurity
Asphyxia

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wekarly M. D.

(Address) University Hos.

WARNING: IT IS A MISDEMEANOR TO MAKE A FALSE STATEMENT IN THIS CERTIFICATE. See instructions on back of certificate.

M. D. B. 1268-9

33900 ✓ F 33900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 1514 division of 82-a

CITY OF BALTIMORE: (No. Balto md St., 16th Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Weaver

(a) Residence: No. 1030 n Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Wid

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Weaver

6. DATE OF BIRTH (month, day, year) June ? 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Louis Hallin
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary ?
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Louis Weaver
(Address) 1822 N Gilbert St

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date 3/30/37 19

19. UNDERTAKER Mr. George H. Holden
(Address) 1631 Druid Hill Ave

..... 19..... Registrar.

7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1-37, 19..., to 3-26-37, 19...

I last saw her alive on 3-26-37, 19... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3/1/37
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B Klein M. D.

(Address) 1207 N Caroline St

OCCUPATION is very important. See instructions on back of certificate.

24798

F 33901

33901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35c

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harnetta Wilborne — If U. S. Veteran specify WAR .....

(a) Residence: No. 45-04 St-Genges St., Asc Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Sepat -

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/30/16

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
20	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jos. Saunders -

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Annie Baker

16. BIRTHPLACE (city or town) (State or country) N-J -

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Asbestos Mem. Date 3/27/37

19. UNDERTAKER Mrs. George H. Hobbs
(Address) 1038 Druid Hill Ave

20. FILED 27 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-23-37

22. I HEREBY CERTIFY, That I attended deceased from 3/22/37, 19.... to 3/23/37, 19....

I last saw her alive on 3/23/37, 19.... Death is said to have occurred on the date stated above, at 4.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension. -	
(Treatment instituted	
first Dec. arthritis.	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? "

Name of operation "

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury .....

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lenox D Baker M. D.

(Address) Johns Hopkins Hosp.

VS 3

17

M. D. B 1268-C

✓ F 33902

33902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N. Calvert St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Kepler Dawson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1113 N. Calvert St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roger Temple Dawson

6. DATE OF BIRTH (month, day, year) June 6, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Leesburg Va

FATHER

13. NAME James Heaton Chamblin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Octavia Kepler

16. BIRTHPLACE (city or town) (State or country) Buckeystown Md

17. INFORMANT E. Rowland Dawson

(Address) 1113 N. Calvert.

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Memorial Park Date March 11, 1937

19. UNDERTAKER Henry H. Tenkins & Sons Co

(Address) McCulloh & Orchard Sts.

20. 1937 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fx. Arm	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 12 1937

Where did injury occur? 1113 N. Calvert St. Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B. Wallace M. D.

Coroner

(Address) 1031 St Paul

OCCUPATION is very important. See instructions on back of certificate.

33903 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33903

CERTIFICATE OF DEATH 21965 51-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp'l. St. 4-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence Jackson

(a) Residence: No. 759 Vine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Jackson

6. DATE OF BIRTH (month, day, year): 8-10-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: WPA Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Harry
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Adam
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Calvary Date: 3/30 19 37

19. UNDERTAKER: Wm. A. Jackson
(Address): 916 E. Pennsa ave

20. FILED ..... 19 ..... Registrar.

MAR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-17-37, 19..... to 3-26, 19 37

I last saw h.im alive on 3-26, 19 37 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Teratoma Testis, Left with metastasis	2 yrs.
	about
Other contributory causes of importance: Cachexia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Pathological study of Testis What test confirmed diagnosis? Removed at St. Joseph Hosp 1936 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edw. Brantegam M. D.
(Address) Baltimore City Hosp

33904

HEALTH DEPARTMENT—CITY OF BALTIMORE

33904

108

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2711 Northern Pkwy St., 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR No. Record

2. FULL NAME Minna Rosina Tuerk

(a) Residence: No. 2711 Northern Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced Husband of (or) WIFE of: George A Tuerk

6. DATE OF BIRTH (month, day, year): Aug 2nd 1889

7. AGE: Years 47 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Henry Dreyer

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Anna Burman

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: George A Tuerk
(Address) 2711 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: March 29

19. UNDERTAKER: William Cook
(Address) 17 St Paul Street

20. FILED 19 (Registrar)

MAR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 10 1937 to Mch 26 1937

I last saw h[illegible] alive on Mar 25 1937 Death is said to have occurred on the date stated above, at 805 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Mch 24/37
Other contributory causes of importance: Pleurisy, Latent Pneumonia	Mch 9/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alma B Burman M. D.

(Address) 718 N Patterson Park Ave

33905

HEALTH DEPARTMENT—CITY OF BALTIMORE

33905

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3200 Ramona Ave St. K-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Rachel Rose

(a) Residence: No. 3200 Ramona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis C. Rose

6. DATE OF BIRTH (month, day, year) April 16 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
73	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Samuel Rubitz

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Rachel LeMar

16. BIRTHPLACE (city or town) (State or country) New York N Y

17. INFORMANT Louis Rose

(Address) 3200 Ramona Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date 3/30. 1937

19. UNDERTAKER Kellogg & Son

(Address) 121 W Fayette St

20. FILED 1937 Registrar.

MAR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2 1937 to Mar 27 1937

I last saw her alive on Mar 25 1937 Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pneumonia	
Other contributory causes of importance:	
Bronchopneumonia	3/25/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Weiss M. D.

(Address) 201 E. Fayette Ave.

F 33906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33906

CERTIFICATE OF DEATH

6-5-59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 N Broadway St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Abrams.

If U.S. Veteran specify WAR

(a) Residence: No. 5 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Kate Simon

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Morris Cohen.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Abe Abrams

(Address) 2007 Cliftwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date March 28 1937

19. UNDERTAKER Sol Levinson Bros.

(Address) 912 E Baltimore St

20. FILED MAR 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1930, to 3/26, 1937.

I last saw her alive on 3/26, 1937. Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/26/37
Diabetes	1936
Hypertension	1926

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) , M. D.

(Address)

F 33907

F 33907 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Park ave St., 11 (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan C. White

If U.S Veteran specify WAR ...

(a) Residence: No. 1121 Park Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec, 26, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Charles Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Dublin

(Address) 1121 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 3/26/ 37

19. UNDERTAKER Francis A. Hemsley

(Address) 518 W. Biddle St.

20. FILED ... Registrar.

MAR 23 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1937, to March 25, 1937.

I last saw h She alive on March 25, 1937. Death is said to have occurred on the date stated above, at 3:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/19/37

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

33908 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 33908

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 Hollins Ferry Road St. Road Ward) 25-3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Reed

(a) Residence: No. 2528 Hollins Ferry Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT George Martin
(Address) 1250 Huron St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 3/30/, 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. FILED 19 Registrar

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936 to March 20, 1937

I last saw h alive on March 17 1937 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brights Disease	1936
Other contributory causes of importance:	
Uremic Coma	4 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Urine Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R D Glenn M. D.
(Address) 2208 Hollins Ferry Rd

F 33909

F 33909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Clifton Park Terrace Ward) 8 1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Florentina Jecny

If U.S. Veteran specify WAR ...

(a) Residence: No. 2822 Clifton Pk. Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of F. Joseph Jecny

6. DATE OF BIRTH (month, day, year) Nov. 14, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, etc., bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME R. Zyka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Mary A. Smith
(Address) 2822 Clifton PK. Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cemt. Date Mar. 29, 1937

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 37 to March 26 37

I last saw her alive on March 26, 1937 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3/23/37
Other contributory causes of importance Arteriosclerosis Cerebral Hemorrhage	1932 3/24/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William J. Rosane M. D.

(Address) 801 N. Eastwood

VACCINATION IS OF Importance. See INSTRUCTIONS on back of certificate.

F 33910

33910 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N. Castle St., 8 Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR ....

2. FULL NAME Mary A. Yerkes

(a) Residence: No. 1810 N. Castle St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David W. Yerkes

6. DATE OF BIRTH (month, day, year) May 8, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER FATHER

13. NAME William William

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Elizabeth Cornes

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs. Alma M. Oliver
(Address) 1810 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemt. Date Mch. 29 1937

19. UNDERTAKER George W. Zirkin
(Address) 1737 E. Edgar St.

20. FILED 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21 1937 to March 26 1936
I last saw her alive on March 25 1937 Death is said to have occurred on the date stated above, at 8.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs
General Arteriosclerosis	5 yrs
Other contributory causes of importance: Apoplexy	5 days

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical and autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Greenberg, M. D.

(Address) 2025 E. Monument St.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

33911 E 33911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

733 Aisquith

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2007 N. Calvert St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Elizabeth Kennedy

(a) Residence: No. 2007 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. Kennedy

6. DATE OF BIRTH (month, day, year) June 6, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Michael Moylan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Bailey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Loretta Kennedy
(Address) 2007 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Mar. 29 1937

19. UNDERTAKER Margaret G. Flynn
(Address) 1422 Light St

20. FILED ..... 19 ..... Registrar.

MAR 29 1937 Assistant Registrar of Vital Statistics, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1937 to 3/25 1937

I last saw her alive on March 25 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	
Acute Cardiac dilatation	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

33912 ✓ F 33912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-2 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 3 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert Lucas

(a) Residence: No. Billingsley, Md. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

FATHER

13. NAME James A. Lucas

14. BIRTHPLACE (city or town) (State or country) Chas Co Md.

MOTHER

15. MAIDEN NAME Mary E. Willett

16. BIRTHPLACE (city or town) (State or country) Chas. Co. Md.

17. INFORMANT James Goldsmith
(Address) Waldorf, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Bryans Road Md. Date 3/27, 1937

19. UNDERTAKER Hamilton & Ryon
(Address) Waldorf, Md.

20. FILED MAR 29 1937, 19... Registrar

Attorney for Williamson, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937 to March 27, 1937

I last saw h[e] alive on March 27, 1937 Death is said to have occurred on the date stated above, at 2:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension and arteriosclerosis	
2. Nephritis	
Cerebral hemorrhage.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schwartz M. D.

(Address) University Hospital

33913 F 33913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-145-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 - W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mildred Larmore

(a) Residence: No. Cockeysville Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H.

6. DATE OF BIRTH (month, day, year) Mar 23 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	39	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME ~~Mildred Larmore~~ Geo. C. Hoffman

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Mollie E. Lawrey.

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT John H. Larmore Jr
(Address) Cockeysville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Grace M.P. Church Date Mar 31 1937

19. UNDERTAKER Wm C. Brooks & Son
(Address) Sparks Md.

20. FILED Mar 31 1937 Huntington Feldmann, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28-1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 20, 1937 to MARCH 28, 1937

I last saw her alive on MARCH 28, 1937 Death is said to have occurred on the date stated above, at 9:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PRE-ECLAMPSIA APPLIED	3-7-37
PERITONITIS (STREPT. HEMOLYTICUS FOLLOWING LAPAROTRACHELOTOMY)	(3-23-37)
SEPTICEMIA	

Other contributory causes of importance: born

LAPAROTRACHELOTOMY 3-23-37

Was an operation performed? LAPAROTOMY Date of 3-26-37

For what disease or injury? FOR PRE-ECLAMPSIA AND PERITONITIS

What test confirmed diagnosis? CULT Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) E. J. Cronwood Jr M. D.

(Address) University Hosp.

CAUTION—THIS CERTIFICATE IS VERY IMPORTANT. See instructions on back of certificate.

F 33914

33914 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Potter St St., 20-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Ellsworth Schmidt

If U. S. Veteran specify WAR .....

(a) Residence: No. 4200 Potter St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Mary A. Schmidt

6. DATE OF BIRTH (month, day, year) Dec. 19-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill

10. Date deceased last worked at this occupation (month and year) 30+ Yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Ferdinand Schmidt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ann Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. M. A. Platt

(Address) 2013 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/31/37

19. UNDERTAKER Geo. L. Berry Sr

(Address) 1512 Lombard St

Huntington Williams M.D.
Registrar

FILED MAR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11/1936, 19.., to March 28/37, 19..

last saw h[illegible] alive on March 28, 19 37. Death is said to have occurred on the date stated above, at 3 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardiac dilatation	
Other contributory causes of importance: Angina pectoris & hypotension senility.	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Chris Hill M. D.

(Address) 4 N. Fulton

OCCUPATION is very important. See instructions on back of certificate.

F 33915 ✓ F 33915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Dowell Baltimore Hospital (Ward) 24

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George (Jorgen) Hanson

If U.S. Veteran specify WAR ....

(a) Residence: No. Pasadena Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rev. F. C. Harrington

(Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bedgwood Hill Date 3/29/37

19. UNDERTAKER Geo. F. Beyer Jr

(Address) 1512 Baltimore St

20. FILED Huntington Williams Registrar.

MAR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-17-37, 19 .. to 3-27-37, 19 ..

I last saw him alive on 3-26-37, 19 .. Death is said to have occurred on the date stated above, at 7 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-10 37
Arteriosclerotic Heart Disease	
Myocardial Degeneration	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J. Krock, M. D.

(Address) Fourth Balto. Gen. Hosp.

F 33916

F 33916 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4407 Groveland ave St. 26-1 Ward)
(If death occucced in a hospital or institution, give its NAME instead of street and numbec.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR no.

2. FULL NAME Emma Brunier

(a) Residence: No. 4407 Groveland ave St., ... Ward.
(Usual place of abode) (If non-resident give city oc town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Macried, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (oc) WIFE of late Chas. A. Brunier

6. DATE OF BIRTH (month, day, year) Sept. 2-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hcs. oc ..... min.
	74	6	23	

OCCUPATION

8. Trade, profession, oc particulac kind of work done, as spinner, sawyer, bookkeepec, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city oc town) (State or country) Germany

FATHER

13. NAME August Wilhelm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emelia Sonleyer

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Rose Rhode (Address) 4407 Groveland ave

18. BURIAL, CREMATION OR REMOVAL Loudon Pk Date Mch. 29 1937

Place

19. UNDERTAKER Geo. E. Beyer Jr (Address) 512 Fulton St. Huntington Station, N.Y.

20. FILED ..... Registrar.

APR 29 1937

OCCUPATION is very important. See INSTRUCTIONS on BACK of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to March 25, 1937. I last saw h e alive on March 25, 1937. Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance wece as follows:

	Date of onset
Chronic Myocarditis	1935
Cerebral Thrombosis	March 25, 1937

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, oc homicide? ..... Date of injucy ....., 19.....

Whece did injury occur? (Specify city or town, county, and State)

Specify whether injury occucced in industcy, in home, oc in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Egbert K. Mortimer Jr M. D.

(Address) 2801 St Paul St

33917 F 33917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Riverside Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Ruth E. Reese

(a) Residence: No. 1028 Riverside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James M. Reese

6. DATE OF BIRTH (month, day, year) May 9, 1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. North

14. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

MOTHER

15. MAIDEN NAME Marcleanna Ozman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. James M. Reese
(Address) 1028 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Mar. 30 37

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St

21. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1937 to 3/28 37

I last saw her alive on 3/28/37 19 Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs
Uremia	24 hrs
Other contributory causes of importance: Diabetes Mellitus	10 yrs

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. E. Kohn M. D.

(Address) 102 E. Fort Ave.

33918 F 33918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mabel P. Campbell

(a) Residence: No. 216 S. Belvedere Ave St., Ward. Memphis Tenn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): 12-23-98

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
38	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Tenn.

FATHER

13. NAME: Phil Ridgeon

14. BIRTHPLACE (city or town) (State or country): Tenn

MOTHER

15. MAIDEN NAME: Mabel Cunningham

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Memphis Tenn. Date: 3/30 1937

19. UNDERTAKER: John C. Mitchell Sons

(Address): 1900 Eastern Ave

20. FILED APR 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb- 4, 1937 to March 27, 1937

I last saw her alive on March 27. 1937 Death is said to have occurred on the date stated above, at 1 50 p m.

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease — Date of onset 1936

Other contributory causes of importance: Pernicious Exhaustion & Heart Trouble

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Rankin C. Blount M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

Zenobia J. Pattie

F 33919

F 33919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen'l Hosp St. (16-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Zenobia J. Pattie

(a) Residence: No. 2854 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 2/37

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Althaus Pattie

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Eliza Combs

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date MAR 31 1937

19. UNDERTAKER Easton Sons

(Address) Eutaw & Lanvale Sts.

20. FILED MAR 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to March 28, 1937

I last saw her alive on March 28, 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 2, 1937

For what disease or injury? Laparotomy

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jerome Fellman, M. D.

(Address) Maryland Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate.

Ida Ramsay

F 33920 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33920

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH UNION MEMORIAL HOSPITAL Registered No. 10

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MRS ELMER E. RAMSAY (IDA) If U. S. Veteran specify WAR .....

(a) Residence: No. 517 OAKLAND AVE St., CITY Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Ramsay

6. DATE OF BIRTH (month, day, year) Aug 31 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Tilghman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rose Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Highland Pk Date April 1937

19. UNDERTAKER H. Hammond Stitt
(Address) Saint Paul Pl

20. FILED Apr 1 1937 by Whitworth

APR 23 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/37

22. I HEREBY CERTIFY, That I attended deceased from 3/9/37, 19..., to 3/29/37, 19 37

I last saw her alive on 3/9/37. Death is said to have occurred on the date stated above, at 3 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF SIGMOID	
with Terminal Hypostatic	Pneumonia
PNEUMONIA (BRONCHO PNEUMONIA)	3/28/37

Other contributory causes of importance:

Was an operation performed? YES Date of 3/27/37

For what disease or injury? Carcinoma of Sigmoid

Name of operation Resection Carcinoma Sigmoid and Colostomy

What test confirmed diagnosis? PATH. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. Clay Evans, M. D.

(Address) Univ. Memorial Hosp.

M. D. B. 1268-9

F 33921

F 33921 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. Patterson Park Ave. St. ..... Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME P. Walter Staylor

(a) Residence: No. 28 S. Patterson Park Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rod man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Harry M. Staylor

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Carrie V. Thorpe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry M. Staylor
(Address) 28 S. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loc Lorraine Date March 29 1937

19. UNDERTAKER Frank V. Lefstone
(Address) 2815 E. Baltimore St

29 1937 Huntington Pittman M.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25 37

22. I HEREBY CERTIFY, That I attended deceased from March 18 1937 to March 25 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	March 18

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Geo. H. Kalbach M. D.

(Address) 124 S. Patterson Park Ave.

22160 F 33922

33922 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital S. 6-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Milchling

(a) Residence: No. 110 N. Port St. St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 5-22-1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Bauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place, Holy Redeemer Date March 30 1937

19. UNDERTAKER Frank V. Pupiton

(Address) 2818 E. Baltimore st

20. FILED 19 Registrar

MAR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937, to March 27, 1937

I last saw him alive on March 27, 1937. Death is said to have occurred on the date stated above, at 6.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	Dec, 1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) H. A. De Santella M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 33923

F 33923 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 17-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth 7 yrs. 1 mos. 1 ds.

2. FULL NAME Dr. Ira Hurst

If U. S. Veteran specify WAR World War.

(a) Residence: No. U.S. Marine Hospital St., 12 Ward. Parkeley-Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margie R. Hurst

6. DATE OF BIRTH (month, day, year) Feb-27-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Parkeley Va.

FATHER

13. NAME James R. Hurst

14. BIRTHPLACE (city or town) (State or country) Parkeley Va.

MOTHER

15. MAIDEN NAME Harriet Russell

16. BIRTHPLACE (city or town) (State or country) Parkeley Va

17. INFORMANT Mrs Margie R. Hurst (wife)
(Address) Parkeley Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkeley Va Date Mar 29 1937

19. UNDERTAKER Stewart & Monroe
(Address) 108 Main St

20. FILED ..... 19..... Registrar

MAR 29 1937 Assistant Registrar Philadelphia, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1937 to March 28, 1937

I last saw him alive on March 28, 1937. Death is said to have occurred on the date stated above, at 5:16 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	1926
Carcinoma, primary liver	Mar 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-4-37, 3-16-37, 3-27-37

For what disease or injury? Carcinoma of liver

Name of operation abdominal paracenteses

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H L Wollenweber, M. D.

(Address) U.S. Marine Hospital, Baltimore

OCCUPATION is very important. See instructions on back of certificate.

Ella B. Cleaveland

F 33924

F 33924 HEALTH DEPARTMENT—CITY OF BALTIMORE

186-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 13-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella B. Cleaveland

(a) Residence: No. 2001 Park Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles P. Cleaveland

6. DATE OF BIRTH (month, day, year) Sep-16-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	12	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME William Snell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elmira Reynolds

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT W. W. Cleaveland - (son) (Address) Swarthmore - Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Mar 31 1937

19. UNDERTAKER Stewart & Myers Co. (Address) 108 W. Mt. Ave.

20. FILED ... Registrar

MAR 29 1937 ... Co. Treas. Hillcastle, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1937, to March 28th, 1937

I last saw her alive on March 28th, 1937. Death is said to have occurred on the date stated above, at 3.35 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus generalized Arteriosclerosis

Date of onset

Other contributory causes of importance:

Cholelithiasis - Chronic Cholecystitis. Fracture of Hip, left

Was an operation performed? yes Date of 1-27-37

For what disease or injury? Dilation & Curretage Diagnostic for Carcinoma of uterus

What test confirmed diagnosis? Opn Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accl Date of injury 3/27 1937

Where did injury occur? Womans Hospital, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury fell out of bed

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, explain

(Signed) W. T. Stevenson M. D.

(Address) 2 W. Read St

OCCUPATION is very important. See instructions on back of certificate.

33925

HEALTH DEPARTMENT—CITY OF BALTIMORE

33925

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Park Av St., 11-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Archie Blackwell

(a) Residence: No. 907 Park Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ not KNOWN

6. DATE OF BIRTH (month, day, year) 12-12-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (for) Mabel Chandler

(Address) 907 ~~Chandl~~ Park Av

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Mar 29 1937

19. UNDERTAKER Archibald A. Gaffi

(Address) 1 McCulloh St.

19 Huntington Williams, WVa

MAR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-23 1937 to 3-26 1937

I last saw him alive on 3-25 1937 Death is said to have occurred on the date stated above, at 6:30 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	wk approx

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Rayner (Rayner M.D.)

(Address) 1500 E. Madison St.

RULE CAREFULLY. Use ink. Fill in all items. If any item is not known, write "unknown." OCCUPATION is very important. See instructions on back of certificate.

F 33926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33926

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner and Dukeland St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Schleigh

If U.S. Veteran specify WAR .....

(a) Residence: No. 1622 Darley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Katherine V. Schleigh

6. DATE OF BIRTH (month, day, year): Dec 4 1879

7. AGE: Years: 57 | Months: 3 | Days: 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto, Md

FATHER

13. NAME: Wm. Schleigh

14. BIRTHPLACE (city or town) (State or country): Balto, Md

MOTHER

15. MAIDEN NAME: Annie Jenkins

16. BIRTHPLACE (city or town) (State or country): Kentucky

17. INFORMANT (Address): Robert P. Schleigh 1622 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Cem. Date: March 31 1937

19. UNDERTAKER (Address): Margaret H. Flynn 1422 Light St.

AR 29 1937 ... for Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-27-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-26-37 . 19 . to 3-27-37 . 19 .

I last saw him alive on 3-27-37 . 19 . Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease	?

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward Allen M. D.

(Address) West Balto General Hosp.

M. D. H. 1268-9

F 33927 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33927

CERTIFICATE OF DEATH 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S.Parrish St St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Davis

(a) Residence: No. 417 S. Parrish St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Davis

6. DATE OF BIRTH (month, day, year) May 29, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Markell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Yeager

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Loretta Rolston

(Address) 417 S. Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date Mar,29, 19 37

19. UNDERTAKER R.H.C. & B.M. Walters

(Address) N.E. Cor Pratt & Stricker Sts

20. FILED MAR 29 1937 Huntington Whitaker, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24 , 1937. to Mar 26 , 1937.

I last saw her alive on Mar 25 , 1937. Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Other contributory causes of importance: Broncho pneumonia	3/24/37

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) C.P. Rootering M. D.

(Address) 2623 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

33928

HEALTH DEPARTMENT—CITY OF BALTIMORE

33928

CERTIFICATE OF DEATH

107-a

25-3

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1954 Annapolis Ave St. (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. Life How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Long

(a) Residence: No. 1954 Annapolis Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Long

6. DATE OF BIRTH (month, day, year) January 31, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	28 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Maker

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Long

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Caroline Ulmer

16. BIRTHPLACE (city or town) (State or country) Hanover Pa

17. INFORMANT Mrs Lillie Long

(Address) 1954 Annapolis Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date March 31 1937

19. UNDERTAKER Robt C & B M Walters

(Address) N.E. Cor Pratt & Stricker Sts

MAR 29 1937

Huntington, Fillmore, Ave

Registrar's No. 200

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 28 1937 to Mar 28 1937

I last saw him alive on Mar 28 1937. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance: Broncho pneumonia	3/25/37

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L P Roetling M. D.

(Address) 2623 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

33929

CERTIFICATE OF DEATH

193-D F 33929

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 W. Lanvale St. St., 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Minetree Wall

(a) Residence: No. # 2305 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander M. Wall

6. DATE OF BIRTH (month, day, year) Nov. 2. 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Rubin Clements

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Virginia Minetree

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary V. Wall
(Address) 2305 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Mch. 29, 1937

19. UNDERTAKER Leslie E. Mitchell & Sons
(Address) 1000 Eutaw Place

20. FILED 1937, 19 Registrar. Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1936 to March 27, 1937.
I last saw her alive on March 27, 1937. Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry E. Wilson, M. D.

(Address) 3 W. Riddle St.

OCCUPATION is very important. See instructions on back of certificate.

F 33930 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33930

CERTIFICATE OF DEATH

93-C

28-3

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Wakefield Road St., 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME SUSAN EMMA BROCKENBROUGH

If U. S. Veteran specify WAR .....

(a) Residence: No. 4410 WAKEFIELD Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Littleton Brockenbrough

6. DATE OF BIRTH (month, day, year) Nov. 14. 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Edwin H. Chamberlyne

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarrahl W.Scott

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. H.H.ENSOR

(Address) 4410 Wakefield Road

18. BURIAL, CREMATION, OR REMOVAL

Place Warsaw Va. Date Mch. 31, 1937

19. UNDERTAKER John T. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED Mar 29 1937 Registrar

Mar 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch. 28. 1937 19

22. I HEREBY CERTIFY, That I attended deceased from July 1930 to March 28, 1937

I last saw h[illegible] alive on March 28, 1937. Death is said to have occurred on the date stated above, at 2.20A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2
Hypertension	Years
Arterio-Sclerosis	
Other contributory causes of importance:	
Pulmonary Edema	2-3 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. R. Woody M. D.

(Address) 1403 Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

324 933

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33931

CERTIFICATE OF DEATH

89-D

F 33931

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carmella Messina

If U. S. Veteran specify WAR no

(a) Residence: No. 116 S. H - / Kensington Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Rocco

5/16/89

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
47	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Catalanno

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Rocco

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Place ..... Date 3/30/37 19

19. UNDERTAKER George D. Pentz Inc.

(Address) 1735 Stanford Ave

20. 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1937 to Mar 27, 1937

I last saw he alive on Mar 27, 1937 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis + Brain abscess	March '37
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 1, 37

For what disease or injury? Brain abscess

Name of operation Trephining

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Palmer H. Futcher, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33932

F 33932

CERTIFICATE OF DEATH

V 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 Mandlin ave S-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne A. Kellerstag

If U. S. Veteran specify WAR

(a) Residence: No. 2837 Mandlin ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob E. Kellerstag

6. DATE OF BIRTH (month, day, year): Oct 17 1864

7. AGE: Years 72 | Months 5 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Martinsburg W Va

FATHER

13. NAME: Henry L. Smith

14. BIRTHPLACE (city or town) (State or country): Martinsburg W Va

MOTHER

15. MAIDEN NAME: Rebecca Anderson

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT: Charles Kellerstag

(Address) 1725 E Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Martinsburg W. Va. Date March 31 1937

19. UNDERTAKER: A. Howard Bauer

(Address) 1403-05 Edmondson Ave

20. FILED 19 Registrar

MAR 29 1937 Arlington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to Mar 27 1937

last saw her alive on Mar 27, 1937. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dil — Duration 3/24/37

Other contributory causes of importance: Cirrhosis of Liver — 6 1/2 yrs

Was an operation performed? No — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. E. Howard Bauer M. D.

(Address) 1403-05 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33933

CERTIFICATE OF DEATH

108

F 33933

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 W Fairmount Ave Ward 19-2)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Estella Butler

(a) Residence: No. 1530 W. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Butler

6. DATE OF BIRTH (month, day, year) May 1 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cassalla Va

FATHER

13. NAME Albert Butler

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Estelle Crump (Address) 12 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date March 30. 1937

19. UNDERTAKER Joseph A. Sinclair (Address) 4098 Pennsylvania Ave Huntington Williams, W. Va.

MAR 29 1937

Registrar

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Mar 23 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo S. Allen M. D.

Coroner

(Address) 1 E Augusta St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1269-9

33934

F 33934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Clifton Terrace St., 8-1 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wink

(a) Residence: No. 3014 Clifton Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Edward Wink

6. DATE OF BIRTH (month, day, year) October 9 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Joseph Wink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Winifred Lawson

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Edward Wink Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar 30 1937

19. UNDERTAKER Geo Schiling & Sons
(Address) Harlem & Calhoun Sts

Filed MAR 29 1937, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1937 to Mar 26 1937

I last saw h... alive on Mar 25 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Chronic Endocarditis	
& Chronic Myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Swink M. D.

(Address) 3/26/37 4706 Hosford Road

Forest Glen Post Office, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33935

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hospital St., 22-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Cunningham

If U. S. Veteran specify WAR .....

(a) Residence: No. 2402 Echodale Ave., St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lola M. Cunningham

6. DATE OF BIRTH (month, day, year) March 11, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	-	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Sun Paper

10. Date deceased last worked at this occupation (month and year) October 15, 1935

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Cunningham

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Margaret Hughes

16. BIRTHPLACE (city or town) (State or country) Baltimore Ireland

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date March 31, 1937

19. UNDERTAKER Peter McCook

(Address) 1005 N. Baltimore St.

20. FILED MAR 29 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1937 to Mar. 28, 1937

I last saw him alive on Mar. 28, 1937. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	3/27
Other contributory causes of importance:	
Arteriosclerotic C-V disease	?
Prenon Coronary occlusion	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Freeman, M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

21914

33936

HEALTH DEPARTMENT—CITY OF BALTIMORE

33936

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Dent

If U. S. Veteran specify WAR

(a) Residence: No. 1522 W. Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William G. Dent.

6. DATE OF BIRTH (month, day, year) 7-12-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wyatt Hunter (Dead)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Johnson (Dead)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Mar. 30 1937

19. UNDERTAKER Jesse W. Redden
(Address) 436 W. Biddle St.

20. FILED ... 19 ... Registrar.

MAR 29 1937 Health Dept. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 26 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 3 - 16 - , 1937 to 3 - 26 , 1937

I last saw her alive on 3 - 26 , 1937 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with metastasis	?
Other contributory causes of importance: Cachexia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Yes

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. L. Brantigan M. D.

(Address) Baltimore City Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33937

CERTIFICATE OF DEATH

1-93-C

F 33937

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Lakewood Ave. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ALONZO H. JONES

(a) Residence: No. 517 S. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth M. Jones

6. DATE OF BIRTH (month, day, year) Aug. 16, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 0073

10. Date deceased last worked at this occupation (month and year) Dec. 1935

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Eugene Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Milford Jones (Son)

(Address) 439 N. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Carmel Cemetery Place Date Mar. 29, 1937

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry F. Sander
(Address) Baltimore & Broadway.

Filed Mar. 29 1937 Huntington Wallace Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to Mar 27, 1937

I last saw h[illegible] alive on Mar 28, 1937 Death is said to have occurred on the date stated above, at 5.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Cardiac Dilatation	3/27/37
Chronic Myocarditis	1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James A. Pipkin, M. D.

(Address) 432 S. Patterson Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

MAR. 29 1937

22184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33938

CERTIFICATE OF DEATH

V75 F 33938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 261 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eino Jackson (Correct name--Eino Johnson)

If U. S. Veteran specify WAR .....

(a) Residence: No. 644 S. Newkirk St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-13-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Elbee Jackson

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Elma Matskanes

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cornel Cem. Date Mar 30, 1937

19. UNDERTAKER Henry Sander & Sons Inc Geo B Sander

(Address) Baltimore Md & Brooklyn & Huntington Hillside, N.Y.

MAR 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1937 to 3-27, 1937

I last saw h.im alive on 3-27, 1937. Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	
Hemorrhage From Nose	3-25-37
Delerium Tremins	3-26-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) E. E. Brantigan, M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

33939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33939

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mr. Robert Ryland Owens Jr.

(a) Residence: No. 3208 Gwynn Falls Pkwy. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of **********

6. DATE OF BIRTH (month, day, year) May 26, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert R. Owens

14. BIRTHPLACE (city or town) (State or country) Palmyra North Carolina.

MOTHER

15. MAIDEN NAME Edith Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Robert R. Owens.

(Address) 3208 Gwynns Falls Pkwy.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date March 30, 1937

19. UNDERTAKER Wm. J. Dietrich & Sons

(Address) North & Fulton Aves.

20. FILED MAR 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/21/37, 19 to 3/27/37, 19

I last saw him alive on 3/27/37, 19 Death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer.	1936
Hemorrhage -	1 day
2nd anemia.	
Other contributory causes of importance:	
Acute Pneumonary edema.	2 hours

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 33940

33940 326 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH H6B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 7-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Williams

(a) Residence: No. 1344 Quincy St., N.W. Ward. Wash. D C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) 6-16-65

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	9	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Caper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0036

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME David R. Williams

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Anna Lennes

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Washington D.C. Date Mar 29, 19 37

19. UNDERTAKER H. L. Gardner & Sons
(Address) Washington D.C.

20. FILED ... 19... ... Registrar.

MAR 29 1937 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23 1937 to March 28 1937

I last saw h.im alive on March 28 1937 Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach & Complic.	1936
Pyloric Obstruction	
Bronchopneumonia	3-25-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William Gray Wilson M. D.

(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

33941 F 33941

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for the Aged & Infirm
CITY OF BALTIMORE: (No. Belvedere & Greenspring Av. St., 27 Ward)

Registered No. 87-a
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Esther King

(a) Residence: No. Hebrew Home for Aged & Infirm St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob King

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sigmund Pamblatt
(Address) Belvedere & Greenspring Avs.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 3-29- 37

19. UNDERTAKER Jack Levin
(Address) 1439 E Balto St

20. FILED MAR 29 1937 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1930 to March 28, 1937.
I last saw her alive on March 28, 1937. Death is said to have occurred on the date stated above, at 12 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemiplegia	3-27-37
Hypertension	over
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

F
THE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33942

HEALTH DEPARTMENT—CITY OF BALTIMORE

33942

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 Beechdale Road St., 27-43 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence R. Marchant

(a) Residence: No. 110 Beechdale Road St., 27th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) Jan. 31, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manufacturers Record Pub. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) -------- Virginia

FATHER

13. NAME Alexander Marchant

14. BIRTHPLACE (city or town) (State or country) -------- Virginia

MOTHER

15. MAIDEN NAME Susan Forrest

16. BIRTHPLACE (city or town) (State or country) -------- Virginia

17. INFORMANT Charles G. Thurston

(Address) 110 Beechdale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Kingston Cemetery Mathews Co., Va. Date 3/29 1937

19. UNDERTAKER Kenney & Mears Inc.

(Address) 505 N. Calvert St.

Huntington Williams, Reg. Registrar

MAR 29 1937

Via Chesapeake Steamship Co. Escort - Mrs. Charles G. Thurston.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1936 to March 28 1937

I last saw h.im alive on March 27 1937. Death is said to have occurred on the date stated above, at 7-15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Sudden	Oct 1936
Mitral Insufficiency	Jan 1936
Myocardial Degeneration	Feb 1937

Other contributory causes of importance: Pleurisy

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 4822 Roland Ave

F 33943 ✓ F 33943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 E 32nd St., 9-6 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine E Hannan

(a) Residence: No. 2001 E 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of John P Hannan

6. DATE OF BIRTH (month, day, year) July 17 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Kaiser

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Wicke

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs John P Hannan
(Address) 2001 E 32nd

18. BURIAL, CREMATION, OR REMOVAL
Place Edmondson Ave Date 3/30/37

19. UNDERTAKER George A Fahey
(Address) Fulton & Forrest

20. FILED Huntington Ave Baltimore, Md

R 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to Mar 26, 1937

I last saw her alive on Mar 26, 1937 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs & intestines	about 15 years ago

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? X

Name of operation X Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Peterson, M. D.

(Address) 4135 Roland Ave.

OCCUPATION is very important. See instructions on back of certificate.

33944 HEALTH DEPARTMENT—CITY OF BALTIMORE 22104 F 33944

CERTIFICATE OF DEATH

Registered No. 13-3 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Thomas

(a) Residence: No. 2512 Salem St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elnora Seward

6. DATE OF BIRTH (month, day, year) 3/8/1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 2040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joe

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Roxy Drumgo

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date 3-31- 1937

19. UNDERTAKER Chas. H. Oleynick
(Address) 1215 N. Eden St.

Lexington Funeral Home, Inc.

MAR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to March 28, 1937

I last saw him alive on March 28, 1937. Death is said to have occurred on the date stated above, at 6 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3-22-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isabel Saulsbe M. D.

(Address) Baltimore City Hospitals

(over)

OCCUPATION is very important. See instructions on back of certificate.

F 33945

33945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 19-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Sanders (19489)

If U. S. Veteran specify WAR .....

(a) Residence: No. 218 N. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1900 to

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26 31	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Koon Sanders (D)

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Anne Benjamin (D)

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 3/30 1937

19. UNDERTAKER Saml. W. Frost & Son
(Address) 632 N. Eutaw

20. FILED MAR 29 1937 A. E. Foreman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1936 to March 27, 1937

I last saw him alive on March 27, 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Summer of 1932
Tuberculous Spontaneous Pneumothorax	4 Days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon H. Feldmeyer M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33946

33946 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

34-95-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Isaac Dixon

If U.S. Veteran specify WAR ...

(a) Residence: No. 516 Lewis St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk.

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country) unk.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL MAR 29 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per M. A. Moore Huntington Williams, Inc.

20. FILED MAR 29 1937 3105 17

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to March 24, 1937

I last saw him alive on March 24 1937 Death is said to have occurred on the date stated above, at 11 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	3 yrs
Congestive Heart disease	1 mo
Arteriosclerosis	?
Other contributory causes of importance:	
Syphilis	?

Was an operation performed? yes Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St Joseph's Hosp.

F 33947

33947 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33947

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lisa Maria Haney

(a) Residence: No. [illegible] St., ... Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

3a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ John Bernard Haney

6. DATE OF BIRTH (month, day, year) May 13, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year) March 10, 1936

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Frazeysville Penna

FATHER

13. NAME John Haney

14. BIRTHPLACE (city or town) (State or country) Frazeysville Penna

MOTHER

15. MAIDEN NAME Lisa Bosica

16. BIRTHPLACE (city or town) (State or country) Frazeysville Penna

17. INFORMANT William M. Haney

(Address) Frazeysville, Penna.

18. BURIAL, CREMATION, OR REMOVAL

Place Lutz Run Date March 1937

19. UNDERTAKER Wendell Hoppel

(Address) Baltimore, Md.

20. FILED ..... 19 ..... Registrar.

MAR 29 1937 Deputy Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937 to March 28, 1937

I last saw her alive on March 28, 1937 Death is said to have occurred on the date stated above, at 10 05 m. A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	March 20
Arteriosclerosis	?
Acute myocarditis	March 25

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical & pneumonia Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) University Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 33948

33948 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 N. Chapel St., 8-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolyn Marie Neuberger

☐ U S Veteran

specify WAR .....

(a) Residence: No. 1524 N. Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): February 8 1936

7. AGE: Years 1 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Andrew P. Neuberger

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Marie R. George

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: M. Andrew P. Neuberger

(Address) 1524 N. Chapel

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Date: March 30 1937

19. UNDERTAKER: Henry Heck & Sons Inc.

(Address) 921 E Eager St Baltimore Md

MAR 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/28/1937

22. I HEREBY CERTIFY, That I attended deceased from 3/25 1937 to 3/28 1937

I last saw her alive on 3/28/37 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Streptococcus	3/27
Other contributory causes of importance:	
Bronchio-Pneumonia	3/24

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Clinical sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Miller M. D.

(Address) 1500 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

F 33949

F 33949 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33949

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 935 Somerset St., 10-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara R. Schaible

If U.S. Veteran specify WAR

(a) Residence: No. 935 Somerset St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 7th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Abazaius Schaible

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Schneider

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Ida Schaible

(Address) 935 Somerset St

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Cem. Date March 31 1937

19. UNDERTAKER Henry Hoch Sons Co

(Address) 321 E Eager St

20. FILED 19 Registrar.

MAR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1937

I HEREBY CERTIFY, That I attended deceased from March 25 1937 to March 29 1937

I last saw her alive on March 28 1937 Death is said to have occurred on the date stated above, at 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3/26/37
Other contributory causes of importance: Influenza. Chronic Endocarditis.	3/24/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Specify

(Signed) John C. Schwenk M. D.

(Address) 337 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 33950

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33950

CERTIFICATE OF DEATH

94-a

20-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S. Collins Ave St., Ward)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Grace G. Fager

(a) Residence: No. 302 S. Collins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late James F. Fager

6. DATE OF BIRTH (month, day, year) Sept 23, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME James Metcalf

14. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

MOTHER

15. MAIDEN NAME Mary Fishpaw

16. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

17. INFORMANT Mrs Mae V. Burgess

(Address) 302 S. Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 3 / 30 / 1937

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

FILED 19 Registrar

R 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 / 27 / 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to Mar 27, 1937

I last saw her alive on Mar 27, 1937. Death is said to have occurred on the date stated above, at 5.50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris.	3 Mo.

Other contributory causes of importance:

none

Was an operation performed? none Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Paul Norton, M. D.

(Address) 888 N. Homeland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 33951

33951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 W. Baltimore St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Nora L. Cummings

(a) Residence: No. 1027 W. Baltimore St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Dec 2, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Texas, Maryland

FATHER

13. NAME Matthew J. Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Kencley

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr John T. Long

(Address) # 203 August Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/31/1937

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins St

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/1937.

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to March 27 1937

I last saw h[illegible] alive on 3/27/1937 Death is said to have occurred on the date stated above, at 11.30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/1/37
Other contributory causes of importance: —	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward L. Hamm M.D.

(Address) 1945 W. Balto St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 29 1937

VS 3

F 33952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhan Hospital St. 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Lawers

If U. S. Veteran specify WAR

(a) Residence: No. 605 - N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24, 1931.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Richard Lawers

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Braxton

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Hospital Rec

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cemetery
Place Mt Auburn Date April 29 37

19. UNDERTAKER T. E. Kelson
(Address) 1303 Presstman St

20. FILED [illegible] Registrar

R 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1937 to Mar. 27, 1937

I last saw her alive on Mar. 27, 1937. Death is said to have occurred on the date stated above, at 3:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pharyngeal Diphtheria.	3/23/37
Bronchial Diphtheria	3/23/37
Laryngeal Diphtheria	3/25/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/26/37

For what disease or injury? Laryngeal Diphtheria

Name of operation Intubation

What test confirmed diagnosis? Wss there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selman M. D.

(Address) Lyderhan Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33953

F 33953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

20-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 W. Fayette St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gottlob Lang

If U.S. Veteran specify WAR .....

(a) Residence: No. 2123 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Lang

6. DATE OF BIRTH (month, day, year) Aug. 8th, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. barber Supplies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Lang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J. Lang

(Address) 2123 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 3/31/37

19. UNDERTAKER Frederick A. Gola

(Address) 1700 W Lombard St

20. FILED Huntington Ave Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from August. 1927 to March 29. 1937

I last saw h alive on March 24. 1937 Death is said to have occurred on the date stated above, at 5.00 p/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis Mitral insufficiency - Myocardial degeneration - Cardiac Hypertrophy - Hypertension	Many Yrs.
Other contributory causes of importance: Pulmonary Infarct	1 day

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Nichol, M. D.

(Address) 2401 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 29 1937

F 33954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33954

1145a-918

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hosp 7-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret E Harris

(a) Residence: No. White Hall, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Blk	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas Harris

6. DATE OF BIRTH (month, day, year) June - 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Stanley R Jackson

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Lillian Lankins

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Stanley R Jackson

(Address) White Hall. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Date April 1 1937

19. UNDERTAKER P. Markline Sons

(Address) White Hall. Md

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Endometritis	

Other contributory causes of importance:

Endocarditis

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Wheeler M. D.

Coroner

(Address) 1912 E. Pratt ave

29 1937

VS 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33955

CERTIFICATE OF DEATH

5-4 107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Aisquith Street St., 5-4 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Hasson

(a) Residence: No. 1803 Aisquith Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mason Hasson

6. DATE OF BIRTH (month, day, year) Sept 14, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year) 3 ....

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Cecil County, Md.
(State or country)

FATHER

13. NAME William Calvin Hasson

14. BIRTHPLACE (city or town) Cecil County, Md.
(State or country)

MOTHER

15. MAIDEN NAME Leah Weir

16. BIRTHPLACE (city or town) Cecil County, Md.
(State or country)

17. INFORMANT Mrs. Mary Mason Hasson
(Address) 1803 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date 3/30/37 19

19. UNDERTAKER Mary F. Hudson
(Address) City

20. FILED ..... 19..... Registrar.

MAR 29 1937 Hartman Funeral Home, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to March 27, 1937

I last saw h.im alive on March 27, 1937. Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3-21-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

N/O If so, specify .....

(Signed) Chas P. Flynn M. D.

(Address) 423 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33956

33956 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Aisquith St. St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexina Watkins

(a) Residence: No. 1424 Aisquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Watkins

6. DATE OF BIRTH (month, day, year) 10-20-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Magness

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Mobley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Ida Schul
(Address) 5724 Ridgedale Rd. Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date March 30 1937

19. UNDERTAKER Chas. G. Black Chas G. Black
(Address) 1512 North Ave. Bal. Md.

20. FILED Huntington Williams, M.D. Registrar.

R 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27-1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 14. 1936 to March 27. 1937.
I last saw h was alive on March 26. 1937. Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Dis.	2
Marked Carbonic Arteriosclerosis	1936
Other contributory causes of importance:	
Hypostatic congestion of Lungs	March 25

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? hum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hubert E. Knapp M. D.

(Address) 1216 E. Preston St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33957

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital Ward) 26-8

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lizzie Merking

(a) Residence: No. 104 S. Dean St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Herman

6. DATE OF BIRTH (month, day, year): Jan 10 1859

7. AGE: Years 78 | Months 2 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Fredrick Schulder

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Ida Fisher (Daughter)

(Address) 3725 Hudson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date March 31 1937

19. UNDERTAKER: Arthur C. Miller

(Address) 2733-35 E. Monument

FILED: APR 29 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral apoplexy

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. [illegible] M. D.

(Address) 1010 S. Belnord Ave

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33958

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St. 13-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 2513- Salem St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1936.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marie Green

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Marie Williams
(Address) 2513 Salem st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 3/30 37

19. UNDERTAKER Wm R Jackson & Sons
(Address) 916 Pennsylvania Ave

20. FILED MAR 30 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1937 to Mar. 28, 1937

I last saw her alive on Mar. 26, 1937 Death is said to have occurred on the date stated above, at 6 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2/26/37
Measles	3/14/37
Lobar Pneumonia	3/17/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Sidney Selman M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33959

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Malinda F. Long

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3625 Kimble Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. ~~Married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Geo. A. Long

6. DATE OF BIRTH (month, day, year) Oct 13 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Heintz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marian Owens

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs John Lowalt 3625 Kimble Road

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 3/31 19 37

19. UNDERTAKER Wilbur Cook (Address) 217 St Paul St

20. FILED 19 Registrar

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/37 19

22. I HEREBY CERTIFY, That I attended deceased from 3/17/37, 19 to 3/29/37, 19

I last saw her alive on 3/29/37 19 Death is said to have occurred on the date stated above, at 12 05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	1920
Cerebral Art. Sclerosis.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33960

F 33960 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Gay St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Coraline (Neil) Coburn

If U. S. Veteran specify WAR Spanish World War Veteran.

(a) Residence: No. 1414 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23rd 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Renaert

10. Date deceased last worked at this occupation (month and year) 3/20/37

11. Total time (years) spent in this occupation. 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Coburn

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura Burns

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs J. A. Palmer
(Address) 1414 N. Gay st.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Mar 31st 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Mar 31 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23 1937 to March 28 1937

I last saw him alive on March 25 1937 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and Lobar Pneumonia	3/20/37
Other contributory causes of importance: Cardiac Dilatation and Insufficiency	1 Day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Rosenberg M. D.

(Address) 2025 E Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

18741

33961 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 33961

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Moore

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1229 W. Cross St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Moore

6. DATE OF BIRTH (month, day, year) 3-20-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME George Moore

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Rose [illegible]

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 3/31 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED MAR 30 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1936 to March 27, 1937

I last saw him alive on March 27, 1937 Death is said to have occurred on the date stated above, at 1145 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-20-37

Other contributory causes of importance:

Cerebrospinal syphilis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. de Lantelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33962

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mazie Stromyer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2521 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herbert Stromyer

6. DATE OF BIRTH (month, day, year) March 28 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	0 4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework for self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Lentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lucinda Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Herbert Stromyer

(Address) 2521 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 3-30 1937

19. UNDERTAKER William Cook

(Address) 1210 E. Eager St.

20. FILED MAR 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1937 to Mar 28 1937

I last saw h.. alive on Mar. 28 1937. Death is said to have occurred on the date stated above, at 2 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Feb. '37
Arteriosclerotic nephritis	1933
Other contributory causes of importance:	
Hypertension	1932

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Bl. chem. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Louis Gruber M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33963 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33963

CERTIFICATE OF DEATH

V 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Cokesbury Ave St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Horiehs

If U. S. Veteran specify WAR No Record

(a) Residence: No. 605 Cokesbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Mary L. Horiehs

6. DATE OF BIRTH (month, day, year) Aug 26th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Gutman

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dorothea Pohlman

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lena Burgess

(Address) 605 Cokesbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Mar 31st 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to Mar. 28 1937

I last saw h~~er~~ alive on Mar. 28 1937 Death is said to have occurred on the date stated above, at 6.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Mar
"Paraplegia"	

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Prentiss M. D.

(Address) 634 Gorsuch Ave

V83

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 33964

F 33964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Voulenteeresof Amer St. 2[illegible] Ward)

Registered No. 140

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola M. Wain

If U. S. Veteran specify WAR

(a) Residence: No. 880 Washington Bulv. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard E. Wain

6. DATE OF BIRTH (month, day, year) Sept. 4, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24	25	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. A. Folks

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ethel Gaylard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT H. W. Wain

(Address) 880 Washington Bulv.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date March 30, 1937

19. UNDERTAKER Ambrose, Inc.

(Address) 1017 W. Cross St.

20. FILED MAR 30 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Aborton (Self Produced)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. R. O'Malley M. D.

(Address) 225 W. [illegible] Street

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33965

F 33965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 9-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital & Home St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther H. Hiteshew,

(a) Residence: No. 606 McKewin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Hiteshew,

6. DATE OF BIRTH (month, day, year) January 8. 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Uniontown Md.

FATHER

13. NAME William Hiteshew,

14. BIRTHPLACE (city or town) (State or country) Uniontown Md.

MOTHER

15. MAIDEN NAME Lucy Sweigert,

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs Hattie Hiteshew,

(Address) 606 Mc Kewin Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Uniontown Md. Date MAR 31 1937 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED 19 Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 28 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27. 1937. to March 28. 1937

I last saw him alive on March 28. 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1932
Other contributory cause of importance: Bronchio-Pneumonia	Mar. 1937

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sherman R. Hunt M. D.

(Address) 2601 Manhattan Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33966

F 33966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. 10-1 St. ..... Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Obie Lewis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1805 Edmondson Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec 22, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager meat Cutter &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery - retail

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Conway South Carolina

FATHER

13. NAME F. S. Lewis

14. BIRTHPLACE (city or town) (State or country) Conway S.C.

MOTHER

15. MAIDEN NAME Addie Sessions

16. BIRTHPLACE (city or town) (State or country) Conway S.C.

17. INFORMANT Ralph S. Lewis (brother)

(Address) 1805 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date MAR 31 1937

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said Inquest) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	
Fractured skull	

Other contributory causes of importance: Bronchial pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 15 1937

Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Front on sidewalk of alley

Manner of Injury Probably fell & struck

Nature of Injury Fractured skull &c.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright Coroner M. D.

(Address) 1015 E. Belvedere Ave

MAR 31 1937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

F 33967

F 33967 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 Edmondson Ave. St. 26-2 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry L. Ahl,

(a) Residence: No. 2639 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Souder Ahl.

6. DATE OF BIRTH (month, day, year) August 4. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brush Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.K. & Co. 086

10. Date deceased last worked at this occupation (month, day, year) March 10. 1937

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Charles Ahl.

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Mary Jones,

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs Bessie S. Ahl,
(Address) 2639 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAR 31 1937

19. UNDERTAKER Geo W. Little
(Address) 2700 Edmondson Ave.

20. FILED 19 Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR 28 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to March 28, 1937.

I last saw him alive on March 27, 1937. Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-10-37
Other contributory causes of importance: Morbus Cordis Chronic	Hyp.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Lloyd Johnson M. D.

(Address) Catonsville, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M 5 3

F 33968

F 33968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-E

1. PLACE OF DEATH Md. Gen. Hospital

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Jane E. Wharton

U. S. Veteran (specify WAR .....)

(a) Residence: No. 2 Nichols Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	Wh.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Wharton

6. DATE OF BIRTH (month, day, year) Dec 3 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2 3	27 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Catharine La Mar

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. J. Wharton

(Address) 2 Nichols Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date March 30 37

19. UNDERTAKER A. Lowell Eyles

(Address) New Windsor Md.

20. FILED MAR 30 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above, 11.30 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronar Thrombosis	

Other contributory causes of importance:

Hypertension

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Hamilton Turner M. D.

(Address) 1210 Hanover Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

33969 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 33969

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 Bloomy St. 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian M. Bloy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1104 Bloomy St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David B Bloy

6. DATE OF BIRTH (month, day, year) Feb. 26, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Essex Co Va (State or country)

FATHER

13. NAME Phillip Lane

14. BIRTHPLACE (city or town) Essex Co Va (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Greene

16. BIRTHPLACE (city or town) Essex Co Va (State or country)

17. INFORMANT Elizabeth Brown

(Address) 26 N. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Mar 30, 1937

19. UNDERTAKER Mrs. Katie R. Villigne

(Address) 322 N. Schroeder St.

20. FILED Mar 30 1937 [illegible] Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to March 28, 1937

I last saw h..... alive on March 26, 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	4 mos
Pulm Tuberculosis	
Other contributory causes of importance: Pulm. Edema	2 d

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Norwood M. D.

(Address) 909 W Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Joshua Skinner

F 33970

33970 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

185

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua S Skinner

If U. S. Veteran specify WAR .....

(a) Residence: No. 5226 Dennmore Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura S Skinner

6. DATE OF BIRTH (month, day, year) Jan 1-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Charles Skinner

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lucy Lowsee

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Charlotte Gary

(Address) 1633 Thurston

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Mar 30 37

19. UNDERTAKER T. E. Nelson

(Address) 3 E Pressman St

20. FILED Mar 30 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Septicemia	
Laceration of thigh -	3/20/37
Fractured femur	

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/20/37

For what disease or injury? Laceration of thigh

Name of operation Amputation thigh Date of 3/20/37

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury 3/20, 1937

Where did injury occur? 5226 Dennmore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In duty & home

Manner of injury Circular saw cut body by falling against it - severed thigh

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify was sawing wood

(Signed) George S. Allen M. D.

Coroner

(Address) 50 Augusta St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33971

F 33971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Eo Mosley

If U. S. Veteran specify WAR .....

(a) Residence: No. 1109 Clendenin Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joshua Mosley

6. DATE OF BIRTH (month, day, year) July 18 - 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crafton West Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Miss Alliena Miller

(Address) 1101 Clendenin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Mar 31. 37

19. UNDERTAKER Thos. E. Kelson

(Address) 1203 Presstman St

20. FILED Mar 31 1937 [illegible]

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd) Degree burn of Body. (Chest & Abdomen & Upper extremity)	3/28/37
Other contributory causes of importance: —	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-28 1937

Where did injury occur? 1101 Clendenin Ave Balt (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burned when gasoline exploded

Nature of injury Burns about Chest & Abdomen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen Coroner M. D.

(Address) 50 Panopticon

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33972

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 17-3 Ward)

Registered No. 186-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie (Bailey) Evans

U. S. Veteran specify WAR

(a) Residence: No. 740 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Oct 25 1906

7. AGE: Years 31 (30) | Months 5 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic (307)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: genl housework.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: John

14. BIRTHPLACE (city or town) (State or country): Washington D.C.

15. MAIDEN NAME: Anna Johnson

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT: Mrs Anna Evans (mother)

(Address) 714 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemetery Date: Mar 31 1937

19. UNDERTAKER: Thos. E. Kelson

(Address) 303 Preston St

20. FILED ... 19 ... Registrar

Washington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left radius.	
left patella etc.	

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury March 23 1937.

Where did injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home - jumped or fell out of 3rd story window during night - temporarily insane

How injury occurred

Nature of injury Fracture arm + leg etc.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Wright, M. D. Coroner

(Address) 1010 S. Ellwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33973

CERTIFICATE OF DEATH

F 33973

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S Bond St. 3-2 Ward) ✓ 107-a

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Joseph Szymanski

If U.S. Veteran specify WAR .....

(a) Residence: No. 802 S. Bond St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonina

6. DATE OF BIRTH (month, day, year) March 19 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Szymanski

(Address) 632 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date March 31 1937

19. UNDERTAKER Martin F. E. Dippel

(Address) 37 S. ... St.

... Huntington Pallbearer

AR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24 1937 to March 28 1937

I last saw him alive on March 28 1937 Death is said to have occurred on the date stated above, at 7.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Myocardial Insufficiency	Grad

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Szymanski M. D.

(Address) 2579 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33974

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital) Ward 7

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Elizabeth Dost

If U.S. Veteran specify WAR .....

(a) Residence: No. 2302 Rosedale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of August H. Dost

6. DATE OF BIRTH (month, day, year) August 10 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John E. Penning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madeline Kruger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. H. Cooper
(Address) 513 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Mar. 31 1937

19. UNDERTAKER Wm. J. Dietrich & Sons Inc.
(Address) 1700 Pennsylvania Ave.

MAR 30 1937 Lexington Millbank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1937 to March 29, 1937

I last saw her alive on March 29, 1937. Death is said to have occurred on the date stated above, at 1:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Collapse	
With Pulmonary Edema	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Schochet, M. D.

(Address) West Balto. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33975

33975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-2

28-62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Brightwood Ave Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Towne Leland

If U. S. Veteran specify WAR

(a) Residence: No. 3214 Brightwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Clara Maude Leland

6. DATE OF BIRTH (month, day, year) May 27, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor (0068)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Industrial Education

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holliston Mass.

FATHER

13. NAME Oscar T. Leland

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Helen Frances Littlefield

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Mrs. Clara M. Leland

(Address) 3214 Brightwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Worcester Mass. Date Mar 31, 37

19. UNDERTAKER McVickers Sons

(Address) North Paca.

20. FILED ..... 19.....

Registrar.

MAR 30 1937 Lexington Mathews, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to March 27, 1937

I last saw him alive on March 27, 1937 Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac infarction	March 16 37
Other contributory causes of importance:	
arterio-sclerosis	?

Was an operation performed? No Date of

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dublin M. D.

(Address) 2220 Garrison

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33976 HEALTH DEPARTMENT—CITY OF BALTIMORE E 33976

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1248 S. Duncan St., 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie L. Bennett

If U. S. Veteran specify WAR

(a) Residence: No. 124 S. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Bennett

6. DATE OF BIRTH (month, day, year) Feb. 20-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Dinny

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John R. Bennett
(Address) 124 S. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Mem. Date Mar. 30 37

19. UNDERTAKER E. Miller & Son
(Address) 233 Jefferson St.

20. FILED MAR 30 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/37

22. I HEREBY CERTIFY, That I attended deceased from 3-22-37 to 3-27-37 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	about 1 year
Cerebral Hemorrhage	
Generalized Sclerosis	" "

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 33977 Gabriella Dorries

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 33977

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Gabriella Dories

If U.S. Veteran specify WAR .....

(a) Residence: No. 1708 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Dories

6. DATE OF BIRTH (month, day, year) Feb. 19 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Kojichowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mariana Lisowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Henry A. Dories

(Address) 1708 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date April 1 37

19. UNDERTAKER E. Miller & Son

(Address) 2534 Jefferson St.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to March 27, 1937.

I last saw her alive on March 27, 1937. Death is said to have occurred on the date stated above, at 11:55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-6-37
Cerebral Embolus	3-21-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? C. L. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. L. Ackerman, M. D.

(Address) Church Home & Infr.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33978

33978 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Woodbrook ave St., 43-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Wender

If U.S. Veteran specify WAR .....

(a) Residence: No. 3401 Woodbrook ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Simon

6. DATE OF BIRTH (month, day, year): 1852

7. AGE: Years 85 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Michal Sinco

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Bessie —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Bessie Moser

(Address) 3401 Woodbrook ave

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date March 30, 1937

19. UNDERTAKER: Sol Levinson & Bros

(Address) 1127 E Balto st

20. FILED: Huntington Williams, M.D. Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 V, 1934 to March 29, 1937

I last saw h w alive on march 29, 1937 Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. myocarditis	1934
arterio Sclerosis	" "
Chr. nephritis	" "

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? none If so, specify .....

(Signed) H. G. Nicholson M. D.

(Address) 2230 Eutaw Pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33979

F 33979 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 5-1 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Shafer

(a) Residence: No. 109 Aisquith St. (Soldiers Army Home) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) 1935 — | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Joseph Shafer (Son) (Address) 1446 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Shafer Date March 30 1937

19. UNDERTAKER Sol Levinson Bros (Address) 1012 E. Balto St.

20. FILED Mar 30 1937 Registrar

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Diabetes Mellitus	

Other contributory causes of importance: Insulin shock. —

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wright Coroner, M. D.

(Address) 1010 S. Elwood Ave.

F 33979. WHITE PLEASE. WITH CAPABLE PENCIL. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33980

F 33980 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 E Chase St., 7-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs..... mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME Rebecca Weinberg

If U.S. Veteran specify WAR.....

(a) Residence: No. 1839 E Chase St., Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Late Samuel

6. DATE OF BIRTH (month, day, year): 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Abraham Ulrich

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Ida ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Joseph Liver 1839 E Chase St

18. BURIAL, CREMATION, OR REMOVAL: Place Hebrew Rodelph Date March 30 1937

19. UNDERTAKER (Address): Sol Levinson & Bro 1127 E Balto St

20. FILED MAR 30 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1936 to March 29 1937.

I last saw her alive on March 29 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Oesophagus	7m
Other contributory causes of importance: Pulmonary embolism	1d

Was an operation performed? No Date of.....

For what disease or injury?.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 2040 Eutaw

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33981

CERTIFICATE OF DEATH

82-a

F 33981

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 N Central Ave Ward) 10-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Stella Wise

(a) Residence: No. 1202 N Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wise

6. DATE OF BIRTH (month, day, year) Nov 17-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash D C (State or country)

FATHER

13. NAME Leo Letts

14. BIRTHPLACE (city or town) Va (State or country)

MOTHER

15. MAIDEN NAME Mary Letts

16. BIRTHPLACE (city or town) Washington D C (State or country)

17. INFORMANT Alverta Wise (Address) 1202 Central Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date March 30 1937

19. UNDERTAKER Robt E Mizelle (Address) 45 E Mulberry St

FILED MAR 30 1937 Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26-1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3/26/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm S Allen Coroner M. D.

(Address) 26 Penn St

VS 6

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33982

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 237 N. Durham St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Cora C. Thompson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Cora C. Thompson

(Address) 237 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place U S National Date March 31 1937

19. UNDERTAKER Robert Millburn

(Address) 25 [illegible] St.

[illegible] 19

Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/25/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Fractured humerus (right)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/25/37, 1937

Where did injury occur? Penna. R.R. Biddle St Bridge

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Penna. Railroad

Manner of injury Struck by train

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D.

Coroner

(Address) 1915 E. North ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 33983 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33983

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 S Regester St., 2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Josephine Slitzer

(a) Residence: No. 417 S Regester St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Slitzer

6. DATE OF BIRTH (month, day, year) August 7th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Bamberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Bamberger

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Son. Henry Slitzer
(Address) 417 S. Regester St

18. BURIAL, CREMATION, OR REMOVAL
Place Dale Lawn Date Mch 30th 1937

19. UNDERTAKER Lisby, Golden & Sons
(Address) 503 S Wolfe St

20. FILED MAR 30 1937 19 ..... Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1929 to March 27 1937

I last saw h[illegible] alive on March 27 1937 Death is said to have occurred on the date stated above, at 8.05 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease — Arteriosclerotic.	
Pulmonary Carcinoma.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis Krauss M. D.

(Address) Med. Arts Bldg.

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33984

HEALTH DEPARTMENT—CITY OF BALTIMORE

33984

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. 25-1 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert E. Harting.

If U. S. Veteran specify WAR .....

(a) Residence: No. Hammond Ferry Rd. Lansdowne., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~XXXXXXXXXX~~ HUSBAND of ~~XXXXXXX~~ Marguerite Harting.

6. DATE OF BIRTH (month, day, year) June 10, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hauling contractor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME William A. Harting.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Annie E. Goetz.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Marguerite Harting. (wife)

(Address) Hammond Ferry Rd. Lansdowne.

18. BURIAL, CREMATION, OR REMOVAL

Place Lansdowne Park Date 3/30/37

19. UNDERTAKER Harry H. Curtyle

(Address) 4101 Edmondson Ave

Filed MAR 30 1937

[signature] M. D.

(Address) 1017 S. Charles St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, by autopsy & inquest (Inquest, Autopsy or Inquiry) and from the evidence obtained by autopsy & inquest. (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of the Abdomen followed by Peritonitis and Septicaemia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy & inquest Was autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 3/22/37 19 ....

Where did injury occur? Gittings Lot Washington B...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place Balto. Co.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

3/29/37 Coroner

(Address) 1017 S. Charles St.

MAR 30 1937

MAR 30 1937

I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33985

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto Gen. Hosp. (St.) 70-7 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Donohue

If U.S. Veteran specify WAR .....

(a) Residence: No. 1 North monastery ave. St., ... Ward Balto. / Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 22 1863

7. AGE: Years: 74 | Months: 1 | Days: 4 | If LESS than 1 day, hrs. or min.

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER:

13. NAME: Patrick Donohue

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER:

15. MAIDEN NAME: Margaret Kerry

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: James Donohue

(Address) 1 N. Monastery ave

18. BURIAL, CREMATION, OR REMOVAL: Place: St Cathedral Date 3/30/ 1937

19. UNDERTAKER: J. A. Moran

(Address) 3006 Balto St.

20. FILED MAR 29 1937 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-13-37 to 3-26-37

I last saw her alive on 3-26-37. Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Generalized arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. M. Lexington Williams, M. D.

(Address) Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33986 HEALTH DEPARTMENT—CITY OF BALTIMORE F 33986

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4525 Wilmslow Rd (St.) (Ward) 27-14

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Neary

If U. S. Veteran specify WAR

(a) Residence: No. 4525 Wilmslow Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced: HUSBAND of Margaret B. Neary

6. DATE OF BIRTH (month, day, year) Jan 28 1890

7. AGE: Years 47 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City F. D.

10. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation 0032

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME John F. Neary

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Mary O'Connor

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT (Address) Margaret F. Neary 4525 Wilmslow Rd

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date 3/31 1937

19. UNDERTAKER (Address) John A. Moran 3000 E. Balto St

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1937 to Mar 27 1937

I last saw him alive on Mar 26 1937 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. S. Leary M. D.

(Address) 7113 Belair Rd

V8 9

MAR 27 1937

Coronary Thrombosis

F 33937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-aF 33987

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Annapolis Road Ward) 25-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa A. Kuhn

If U. S. Veteran specify WAR .....

(a) Residence: No. 2132 Annapolis Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas S. Kuhn

6. DATE OF BIRTH (month, day, year) Mar. 4 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis Floyd.

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Catherine Flood

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Winefred Golden

(Address) 1923 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Leadenhall. Date April 1 . 1937

19. UNDERTAKER Josiah Sylor

(Address) 1000 W. Mulberry

Huntington Williams, Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) March 29 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-27 . 1937 to 3-29 . 1937

I last saw her alive on 3-28 . 1937 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia probably influenzal in type	3-20-37

Other contributory causes of importance:

None

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Schreiber . M. D.

(Address) 54 S. Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33988

CERTIFICATE OF DEATH

V 66-4 F 33988

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Parkwood Ave St., 43rd Ward)

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME Samuel Meyer Lavenstein

If U. S. Veteran specify WAR

(a) Residence: No. 2901 Parkwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Eli

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Son

(Address)

18. BURIAL, CREMATION, OR REMOVAL Sol Carpel Date 3/30/37

19. UNDERTAKER Jack Lewis Inc

(Address) 1429 E Baltimore St

Date filed 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/12 1937 to 3/30 1937

I last saw h[illegible] alive on 3/29 1937. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	3/29/37
Chronic myocarditis	1934
Myxedema (par question)	1926

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lazenberg M.D. M. D.

(Address) 2340 Eutaw Pl

V 53

AR [illegible]

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33989

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 S. Bouldin St. 16-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary R. Enos

(a) Residence: No. 228 S. Bouldin St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Frank P. Enos

6. DATE OF BIRTH (month, day, year) Feb. 28-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob Basler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Ida Stairwald

(Address) 228 S. Bouldin st

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 1, 19 37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans st

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1937, to Mar. 28, 1937

I last saw h alive on Mar. 26, 1937 Death is said to have occurred on the date stated above, at 10:32 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Jordan M. D.

(Address) 441 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 33990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospt. St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise A. Roschen

(a) Residence: No. Ruxlestown Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Roschen

6. DATE OF BIRTH (month, day, year) Nov. 12 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Henry A Roschen Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hamine Hadrechen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elsa A. Roschen

(Address) Ruxlestown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 1 1937

19. UNDERTAKER J. F. Elmi. Sons

(Address) Ruxlestown Md

MAR 30 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26 1937 to March 30 1937

I last saw h.. alive on March 30 1937 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Type I	3/25/37
Pneumococcic Septicemia	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schaffel M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 33991

33991 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) 21-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Mack Hall

If U. S. Veteran specify WAR .....

(a) Residence: No. 1130 Warner St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hall

6. DATE OF BIRTH (month, day, year) May 11 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44 45	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Alex. Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Heneretta Grose

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Pearl Toye

(Address) 117 N. Fremount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/1, 1937

19. UNDERTAKER Watts B Gross

(Address) 1345 Hanover St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, state how .....

(Signed) ..... M. D.

(Attending Physician or Coroner)

(Address) 2757 W North

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 31 1937

M. D. B. 1268-9

F 33992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33992

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Penitentiary Hosp St. 10 3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Lee Ludlow

(a) Residence: No. 954 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1st, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevator Operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Agnston South Carolina

FATHER

13. NAME Gabriel Ludlow

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Hattie Beatty

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Gabriel Ludlow

(Address) Washington, D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAR 30 1937 19.

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Hoppe

20. FILED ... Registrar.

MAR 31 1937

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from September 12th 1936 to March 22nd 1937

I last saw him alive on March 22nd 1937. Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9-12-36
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John F. Anderson M. D.

(Address) 2 Temple Court Apts

KF 33993

33993 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

KF 33993

159

1. PLACE OF DEATH — 22198 — Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Gregorowich B — If U. S. Veteran specify WAR

(a) Residence: No. 1009 S. Kenwood Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-26-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 14 min.
				10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Nick Mazor

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Gregorowich

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place BALTIMORE CITY HOSPITALS Date MAR 30 1937 19
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Kears

20. FILED ..... 19 ..... Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1937 to 3/27, 1937

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 45 A m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance: Atelectasis Lungs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33994

F 33994 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22195 1959

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Gregorowich A

If U. S. Veteran specify WAR .....

(a) Residence: No. 1009 S. Kenwood Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-26-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
			14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Nick Mazor

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Gregorowich

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place BALTIMORE CITY HOSPITALS Date MAR 30 1937 19

19. UNDERTAKER Commissioner of Health
(Address)
Per M. A. Moore.

20. FILED MAR 30 1937 19 Registrar

8116

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/26/37

22. I HEREBY CERTIFY, That I attended deceased from 3/26/37 to 3/27/37

I last saw him alive on 3/27/37 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Atelectasis Abscess of Liver	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) J. C. Radcliffe M. D.

(Address) 1211 Monroe (98 Hosp.

12729

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33995

F 33995

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Brackston

If U. S. Veteran specify WAR

(a) Residence: No. 1341 Penna. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Ellen Wise

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 30 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED 19

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1937 to March 23, 1937

I last saw him alive on March 23, 1937. Death is said to have occurred on the date stated above, at 2 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-4-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. A. De Santelle, M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

33996

HEALTH DEPARTMENT—CITY OF BALTIMORE

12706

33996

CERTIFICATE OF DEATH

5-2 34J-82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Manuel Desmond

If U. S. Veteran specify WAR

(a) Residence: No. 270 N. Exeter St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/3/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 00 + 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wilmington, N. C.
(State or country)

FATHER

13. NAME Michael Disney

14. BIRTHPLACE (city or town) S. C.
(State or country)

MOTHER

15. MAIDEN NAME Barbara Brave

16. BIRTHPLACE (city or town) S. C.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAR 30 1937 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED 19 Per H. A. Moore
Registrar.

MAR 30 1937

Huntington Station, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1933, to March 19, 1937

I last saw him alive on March 19, 1937. Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-15-37
Other contributory causes of importance:	
Cerebral hemorrhage	1933

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade Smith M. D.

(Address) Baltimore City Hospitals

F 33997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33997

CERTIFICATE OF DEATH

6-5-107-W 20815

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1606 Costello Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Johnson

6. DATE OF BIRTH (month, day, year) 10-28-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Anderson Jackson

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Martha Bryson

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 30 1937 19

19. UNDERTAKER Commissioner of Health (Address)

Per H. A. Moore

20. FILED 19 Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1937 to 3-19, 1937

I last saw h. M alive on 3-19, 1937 Death is said to have occurred on the date stated above, at 10 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days.
Other contributory causes of importance: Abscess of jaw	6 wks

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. Moore M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33998

F 33998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Turner

If U. S. Veteran specify WAR

(a) Residence: No. 1214 Somerset St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-26-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Edward Turner

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gertrude Bowsh

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 30 1937, 19

19. UNDERTAKER

(Address) Commissioner of Health

Per H. A. Moore

20. FILED ... 19... Registrar

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital abnormalities	
Chondrodystrophic dwarf.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. Bell M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 33999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33999

22080

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Bean

If U. S. Veteran specify WAR

(a) Residence: No. 1810 E. Federal St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/22/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5 days		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Clifford Bean

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Edna Bennett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 30 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

19 Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/22, 1937 to 3/27, 1937

I last saw alive on 3/27, 1937 Death is said to have occurred on the date stated above, 1.48 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) [illegible] M. D.

(Address) Balto Asylum Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 34000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34000

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 6-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Tirpie

If U. S. Veteran specify WAR .....

(a) Residence: No. 701 North Bond St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-17-37

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Willie Tirpie

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Daisy Rivers

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

JOHNS HOPKINS MEDICAL SCHOOL MAR 30 1937

Commissioner of Health

MAR 30 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-17 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) E. Delfs, M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 34001

34001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1509 Orleans St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Musler

(a) Residence: No. 1509 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) William Musler

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

... de, profession, or particular ... of work done, as spinner, ..., bookkeeper, etc. G. H. W 37

... or business in which ... was done, as silk mill, ... mill, bank, etc.

... deceased last worked at ... occupation (month and ...r)

11. Total time (years) spent in this occupation

... IPLACE (city or town) ... ate or country) Md

FATHER

NAME Asbury Mitchell

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Sarah Mitchell

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Ellen May Walker Daughter

(Address) 1071 Fort Ave

18. BURIAL, CREMATION, OR REMO... Mar 31st 37

Place Mt Calvery Date ... 19

19. UNDERTAKER Elroy C Wilson Mar 31st

(Address) 633 Brantley Ave

... 19 ... Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, 19 ..., to March 28, 1937

I last saw her alive on March 28, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Pleurisy with effusion	3/27

Name of operation ... Date of ...

What test confirmed diagnosis? Necropsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Luther A. Tuttz, M. D.

(Address) 1402 Edmondson Ave

M. D. B. 1268-9

F 34002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. ..... Ward) 1

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Samuel Moore

(a) Residence: No. 116 N Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Moore

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unk.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Next of Kin

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date March 31 1937

19. UNDERTAKER Elroy D. Wilson

(Address) 1000 Druid Park Ave.

19 .....

Registrar.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1937 to Mar. 26, 1937

I last saw him alive on Mar. 25, 1937 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, bilateral	3.19.37

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James D. Carr, M. D.

(Address) 515 Mosher St

F 34003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34003

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Jane Everett

If U. S. Veteran specify WAR .....

(a) Residence: No. 780 W Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jesse Everett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Estelina Thomas

16. BIRTHPLACE (city or town) (State or country) Demarien S. C.

17. INFORMANT Jesse Everett

(Address) 780 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Mar 30, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobular Pneumonia (Primary)	3/27/37
Other contributory causes of importance:	

Was an operation performed? None Date of .....

For what disease or injury? None

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. J. Allen M. D.

(Address) 501 Cumberland St

F 34004

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34004

CERTIFICATE OF DEATH

22194 82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. Life 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Bartl

If U. S. Veteran specify WAR no.

(a) Residence: No. 226 E. Eager St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Charles, Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 1-19-1868

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min
69	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) N. A. Co.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 4/1/37 19

19. UNDERTAKER George J. Kuth Inc. (Address) 1775 Hollins St.

DATE ... 19 ... Registrar

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29-1937

I HEREBY CERTIFY, That I attended deceased from 3-26-1937 to 3-29-1937

I last saw him alive on 3-29-1937 Death is said to have occurred on the date stated above, at 1 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Two days
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34005

HEALTH DEPARTMENT—CITY OF BALTIMORE

21963

F 34005

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Life Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lemuel Brooks, Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 630 Greenwillow St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 4/10/1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Lemuel, Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lethe Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Date 4-2 1937

19. UNDERTAKER Bernard Abernethy
(Address) 818 Druid Hill Ave.

20. FILED MAR 30 1937 [illegible]

VS 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1937, to March 28, 1937

I last saw him alive on March 27, 1937. Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy with effusion, heart disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Lawder, M. D.

(Address) Baltimore City Hospitals

F 34006

F 34006

A.D.B. 1268-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME J. Frank Purzer

(a) Residence: No. St. James Apts. Charles & Centre Sts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora McNeal

6. DATE OF BIRTH (month, day, year) April 14, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Francis R. Purzer

14. BIRTHPLACE (city or town) (State or country) ------- Maryland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Mrs. Nora M. Purzer

(Address) St. James Apartments

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 4/1 19 37

19. UNDERTAKER Henry A. Meaux & Son

(Address) 805 N. Eutaw St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ann E. Phillips M. D. Coroner

(Address) 1031 St. Paul St.

MAR 30 1937

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34007

F 34007 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME M. Howard T Cook,

If U. S. Veteran specify WAR

(a) Residence: No. 1524 N. Caroline St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Oct. 28, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daniel Miller Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Cook

14. BIRTHPLACE (city or town) (State or country) ------- Maryland

MOTHER

15. MAIDEN NAME Margaret Richards

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Lee C. Wheeden

(Address) 3217 Batavia Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date 3/31 19 37

19. UNDERTAKER Henry H. Meares & Son

(Address) 502 N. Calvert St.

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/26/37, 19... to 3/29/37, 19...

I last saw h... alive on 3/29/37, 19... Death is said to have occurred on the date stated above, at 12 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	3/26/37
Other contributory causes of importance:	
Bronchopneumonia,	3/28/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? None. If so, specify ...

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 30 1937

F 34008

34008 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1646 E. 25th St. St., 8-5 Ward)

Length of residence in city or town where death occurred 45 yrs. Unknown long In U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. Perry

(a) Residence: No. 1646 E. 25th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Perry

6. DATE OF BIRTH (month, day, year) Mar 7- 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business In which work was done, as silk mill, saw mill, bank, etc. 00 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Penna.

FATHER

13. NAME Hugh O'Neil

14. BIRTHPLACE (city or town) (State or country) Unknown Penna.

MOTHER

15. MAIDEN NAME Julia (Unknown)

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Edward C. Perry

(Address) 1646 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Mar. 31 37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937 to March 28, 1937

I last saw her alive on March 28, 1937 Death is said to have occurred on the date stated above, at 8:10 A.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myo-Endo-Carditis	Unknown
Other contributory causes of importance:	
Arteriosclerosis	Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo B. Tyler M.D.

(Address) 780 Harford.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

AR 30 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34009

34009

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Merab Wilkinson

If U. S. Veteran specify WAR

(a) Residence: No. 7 E. Overlea Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME Edward H. Wilkinson

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Susanna Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Mae Somers

(Address) 7 E. Overlea Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 3rd 1937

Funeral

19. UNDERTAKER Wm. H. Sahlin & Son

(Address) 7401 Belair Rd.

20. FILED 19 Huntington Pritchard, M.D. Registrar

MAR 30 1937

H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/1/37. 19 to 3/30/37. 19

I last saw h alive on 3/30/37. 19 Death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Art. Sclerotic C-V. disease.	
Bronchopneumonia.	3/23/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Exam #8 ✓ F 34010

F 34010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 Perry St. St. 22-25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Sanders

If U. S. Veteran specify WAR .....

(a) Residence: No. No Home St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not Known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. $600

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL PUBLIC CEMETERY MAR 30 1937

Place Date 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

FILED MAR 30 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [signature] M. D.

(Address) [illegible] Coroner

MAR 30 1937

Washington [illegible] Registrar

N. B.—WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34011

CERTIFICATE OF DEATH

108 F 34011

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 6-5 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannehs Brodie

If U. S. Veteran specify WAR WW

(a) Residence: No. 12 N. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Foundry Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lab Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Henderson
(State or country) N. C.

FATHER

13. NAME Thornton

14. BIRTHPLACE (city or town) Henderson
(State or country) N. C.

MOTHER

15. MAIDEN NAME Lizzie Morris

16. BIRTHPLACE (city or town) Oxford
(State or country) N. C.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National Date April 1st 1937

19. UNDERTAKER Robert Middleman
(Address) 225 N. Eutaw St

20. FILED MAR 30 1937 Huntington Pollard, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24 1937, to March 27 1937

I last saw him alive on March 27 1937. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right	3-19-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. K. Bryant M. D.

(Address) U.S. Marine Hospital

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34012 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34012

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Linden ave, St., 11-4 Ward)

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James David Pollard.

If U.S. Veteran specify WAR

(a) Residence: No. 1322 Linden ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 30 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Clarence Pollard

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Lillian Spivey

16. BIRTHPLACE (city or town) (State or country) north Carolina

17. INFORMANT Clarence Pollard
(Address) 1322 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Mar 31 37

19. UNDERTAKER Albert M Jeffreys
(Address) 740 E north Ave

20. FILED [illegible] Registrar.

MAR 30 1937 Huntington Hilltrace, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24. 1937. to March 29. 1937.

I last saw him alive on March 29. 1937 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Measles	
(2) Broncho-Pneumonia	

Other contributory causes of importance:

acute myocarditis

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Charles L. Reistadt M. D.
(Address) 1730 Linden ave.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34013

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 S. Bouldin St., 9-11 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Klach

If U.S. Veteran specify WAR ...

(a) Residence: No. 709 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Klach

6. DATE OF BIRTH (month, day, year) Oct. 29-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Grace Harrom

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elton

(Address) 709 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart cem Date April 1 1937

19. UNDERTAKER Geo. W. Zirkler

(Address) 1737 E. Eager St

MAR 30 1937

Huntington Phillips, M.D.

11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937, to March 28, 1937

I last saw her alive on March 28, 1937. Death is said to have occurred on the date stated above, at 7.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Unknown
Myocarditis	Unknown
Arthritis	Unknown

Other contributory causes of importance:

Acute Myocarditis	3/27/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip Aligiani M. D.

(Address) 2942 East Fayette Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Kirn) ✓ F 34014

F 34014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 7 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Kirn

If U. S. Veteran specify WAR

(a) Residence: No. 3707 Edmondson Ave Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 4-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

FATHER

13. NAME Jacob A. Kirn

14. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

MOTHER

15. MAIDEN NAME Hazel Pritchett

16. BIRTHPLACE (city or town) (State or country) Donbath Co. Md

17. INFORMANT Grover Day

(Address) 3707 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md Date Apr. 2 1937

19. UNDERTAKER George M. Zirkle

(Address) 1737 E. Eager St

20. FILED 19 Registrar, Baltimore, Md.

MAR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1937, to 3/29, 1937.

I last saw her alive on 3/29, 1937. Death is said to have occurred on the date stated above, at 11 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Cachexia

Was an operation performed? Yes Date of 3/25/37

For what disease or injury? Pulmonary Tuberculosis

Name of operation Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon A. Kemp M. D.

(Address) Bon Secours Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34015 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34015

CERTIFICATE OF DEATH

146-953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Ann Street St. 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Stacharoski (Ruskey)

(a) Residence: No. 232 S. Ann Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Stacharowski (RUSKEY)

6. DATE OF BIRTH (month, day, year) Feb. 14 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Anthony Milwicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Usler

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Kowalski Mother
(Address) 234 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date March 1 April 1937

19. UNDERTAKER John M. Welsey
(Address) 401 S. Chester Street

20. FILED MAR 30 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18. 1937. to March 28. 1937. that she was alive on March 28. 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis of Pregnancy	Jan. 37
Other contributory causes of importance: Acute Cardiac Dilatation	3-28-37.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John V. Feyerbacher M. D.

(Address) 1802 Eastern Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34016

CERTIFICATE OF DEATH

1. PLACE OF DEATH 3225 131

CITY OF BALTIMORE: (No. 3225 Chesterfield ave. E. 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Grasemore

(a) Residence: No. 3225 Chesterfield ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. Color or Race W 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND (or) WIFE of James H. Grasemore

6. DATE OF BIRTH (month, day, year) Jan 29-1885

7. AGE Years 52 Months 2 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotia

FATHER

13. NAME Elias Pittman

14. BIRTHPLACE (city or town) (State or country) Nova Scotia

MOTHER

15. MAIDEN NAME Catherine Campbell

16. BIRTHPLACE (city or town) (State or country) Scotia

17. INFORMANT James H. Grasemore

(Address) 3225 Chesterfield ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park 3/31 37

19. UNDERTAKER John J. Horan

(Address) 3000 E. Baltimore

20. FILED MAR 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/37

22. I HEREBY CERTIFY, that I attended deceased from March 11 - 37 to March 27 - 37

I last saw him alive on March 27 - 37

The cause of death was as follows:

Hypertension 1932.

Chronic Interstitial Nephritis 1935

Other contributory causes of importance Uremia - Renal Insufficiency 3/24 1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Dale H. A. Meyer M. D.

(Address) 1011 N. Caroline st.

AR 30 1937

Huntington Registrar

F

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B—WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD.

34017 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34017

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH Mercy Hospital 5-7

CITY OF BALTIMORE: (No. ..... St., ... Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Isabella Prouty

If U. S. Veteran specify WAR .....

(a) Residence: No. 2214 Poplar Grove St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: John H. Prouty

6. DATE OF BIRTH (month, day, year): June 6 1876

7. AGE: 60 Years | 8 Months | 23 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home

10. Date deceased last worked at this occupation (month and year): July 1936

11. Total time (years) spent in this occupation: 19 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Domenic Mangadon

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Delia Calloy

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: John H. Prouty

(Address) 2214 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place: Jewish Cath Date: 3/31 1937

19. UNDERTAKER: J. J. Moran

(Address) 1300 E Baltimore St.

FILED MAR 30 1937 Huntington Pitman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-26-37 1937 to 3-29 1937

I last saw her alive on 3-29 1937 Death is said to have occurred on the date stated above, at 2 55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	1 yr.
	2 yr.
	unk

Other contributory causes of importance: Anemia

Was an operation performed? Yes Date of Oct 1936

For what disease or injury? Bladder

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry F. Ware M. D.

(Address) Mercy Hosp

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34018 HEALTH DEPARTMENT—CITY OF BALTIMORE 34018

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2834 E Balto St., 6-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mary B Rose

If U. S. Veteran specify WAR .....

(a) Residence: No. 2834 E. Baltimore St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced (or) WIFE of Frederick Rose

6. DATE OF BIRTH (month, day, year) Feb 2 - 1865

7. AGE: Years 72 | Months 1 | Days 26 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore City, Germany

FATHER

13. NAME Bryant

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Joseph

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ida Rose 2834 E Balto St.

18. BURIAL, CREMATION, or REMOVAL Date 3/31/37

19. UNDERTAKER (Address) J Elmer Morgan E Balto St.

FILED MAR 30 1937 19 Registrar Huntington Hillman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1/28 to 3/28/37, 19..

I last saw h.. alive on 3/28, 19 37. Death is said to have occurred on the date stated above, at ....m.,

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Senility. Paralysis Agitans

Date of onset

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Eugene Foley M. D.

(Address) 5703 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34019

CERTIFICATE OF DEATH

209M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Matthews

If U. S. Veteran specify WAR .....

(a) Residence: No. 291 Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene H. Matthews

6. DATE OF BIRTH (month, day, year) Apr 16 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Park Policeman (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Farce

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Clarence Matthews

(Address) 2911 Calhoun St City

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date April 2 1937

19. UNDERTAKER F. C. Higginbottom & Sons

(Address) Edmondson Ave, Balto

20. FILED MAR 31 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above. 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Intracranial Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar 29 1937

Where did injury occur? 30 Block of Edmondson Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by street car

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) [illegible]

X. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34020

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 Greenmount ave St., 9-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine M. Coggins

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2841 Greenmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Edward R. Coggins Sr.

6. DATE OF BIRTH (month, day, year) April 7, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph Schweitzer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Logan

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Edward R. Coggins Jr.

(Address) 2841 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Mar 31st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] Registrar.

MAR 31 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/29/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34021 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34021

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Park ave St., 11-2 Ward) 11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Brown

(a) Residence: No. 1121 Park ave St., Ward.
(Usual place of abode)

If U.S Veteran specify WAR ...

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Brown

6. DATE OF BIRTH (month, day, year) Sept 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Joseph Seway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Emma Dublin

(Address) 1121 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 3/31 1937

19. UNDERTAKER Mrs. Francey A Hemsley

(Address) 578 W. Biddle St

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1937, to Mar 28, 1937.

I last saw h as alive on Mar 28, 1937. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ia Grippe	3/24/37
Lobar Pneumonia	3/24/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Stanley Hoog M. D.

(Address) 729 Wash. Blvd.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34022

CERTIFICATE OF DEATH

21842

107-a

Registered No. 18-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Cromwell

If U. S. Veteran specify WAR

(a) Residence: No. 1208 W. Fayette St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Cromwell

6. DATE OF BIRTH (month, day, year) 3-30-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Boteler

14. BIRTHPLACE (city or town) (State or country) Georgetown Md. D.C.

MOTHER

15. MAIDEN NAME Ellen Zane

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park National Cemetery Date April 1 19 37

19. UNDERTAKER J. B. Cook

(Address) 1005 N. Baltimore St.

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-13 1937 to 3-29 1937

I last saw her alive on 3-29 1937 Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) — Date of onset 3 wks

Other contributory causes of importance:

Senile Dementia — 7 mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

F 34023 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34023

CERTIFICATE OF DEATH 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2551 W. Fairmount Ave. St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Jeffrey

If U. S. Veteran specify WAR

(a) Residence: No. 2551 W. Fairmount Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Jeffrey

6. DATE OF BIRTH (month, day, year) June 15, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8 9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George F. Ferguson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emma Meise

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Ethel Jeffrey

(Address) 2551 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date April 1 19 37

19. UNDERTAKER (Address) 1003 E. Baltimore St.

20. FILED MAR 3, 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 1- 19 37 to Mar 29 - 19 37

I last saw her alive on Mar 29 19 37 Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Emil Cohn M. D.

(Address) 2145 W. Baltimore St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

F 34024 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34024

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jud. General Hospital 27-4 131

CITY OF BALTIMORE: (No. ..... St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jesse Arthur D Hendrix

(a) Residence: No. 3603 White Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise W. Hendrix

6. DATE OF BIRTH (month, day, year) June 15, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Customs Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Government

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Augustus W. Hendrix

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances —

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Louise W. Hendrix
(Address) 3603 White Ave. Hamilton

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Cem. Date March 31 1937

19. UNDERTAKER E. Lroy S. Tyler, Inc.
(Address) 125 E. North Ave.

20. FILED ..... 19 .....
(Registrar)

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/22 1937 to 3/27 1937

I last saw h[illegible] alive on 3/27 1937. Death is said to have occurred on the date stated above, at 1:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	2 mos
Cerebral accident	
own	

Other contributory causes of importance:

Cardiac Failure	4 days
Nephritis Chronic	

Was an operation performed? Yes Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) Josiah A. Hunt M. D.

(Address) Md Gen Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34025 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34025

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 477 N Fremont Ave 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Feigl

(a) Residence: No. 477 N Fremont Ave St., ... Ward.

(Usual place of abode)

If U. S. Veteran specify WAR

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August J Feigl

6. DATE OF BIRTH (month, day, year): May 27 1862

7. AGE: Years: About 70 | Months: 11 | Days: | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Bernard Walter

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Edgar Feigl (Address) 4508 Wetherill Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore County Date 3/31 1937

19. UNDERTAKER: Leonard Rhein (Address) 501 Cathedral St

20. FILED ... 19...

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/28 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937, to March 28 1937

I last saw her alive on March 27, 1937. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 27 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Whatley M. D.

(Address) 4308 Yorkwood

information should be carefully supplied. AGE should be stated EXACTLY. Every item of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34026

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3423 Claremont ave St. 12-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Ritz

If U. S. Veteran specify WAR

(a) Residence: No. 3423 Claremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Ritz

6. DATE OF BIRTH (month, day, year) March 21 st 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Ritz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schroeder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hannah Ritz
(Address) 3423 Claremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Mar 31 37

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED 19

MAR 31 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/27/1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1935, 19 to March 37

I last saw him alive on March 26 1937 Death is said to have occurred on the date stated above, at 10. p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudd
Other contributory causes of importance: Angina Pectoris	1935

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) 1604 E Baltimore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34027

F 34027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard Hartzell If U. S. Veteran specify WAR .....

(a) Residence: No. # 819 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT City Hospital

(Address) # 4940 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date 4 / 1 / 1937

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 / 30 / 1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest or Autopsy) thereon and from the evidence obtained by said (Inquest or Autopsy) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance: Arterio sclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Magruder, M. D.

(Address) 1010 S. Edwards Ave

MAR 3 1937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 6

Dillain

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 34028 (24) 34028 E 34028

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 7-2

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph J. Dillain

If U. S. Veteran specify WAR

(a) Residence: No. Box 146 - Sparrows Pt. Ward. 6th

(Usual place of abode) (If non-resident give city or town and State)

Sparrows Pt. Md. Edgemere

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Carrie C Dillian

6. DATE OF BIRTH (month, day, year): 6/9/86

7. AGE: Years 50 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steel Wrk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dist Carmel Cem. Date April 2. 1937

19. UNDERTAKER: John T. Denny

(Address) 715 Light St

20. FILED ... 19 ... Registrar ... Subregistrar

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937 to March 30, 1937

I last saw him alive on March 30, 1937 Death is said to have occurred on the date stated above, at 1 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-24-37
Acute Nephritis, hemorrhagic	3-20-37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Fredrick C. Wolbach. M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34029

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 Tivoly ave St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 60 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Franz.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2729 Tivoly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Valentine Franz.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bengel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Schadel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eleonora Humfeldt

(Address) 2729 Tivoly ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge. Date March 31 19 37

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 405 S Paca St

Received ... Registered ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-25-1937 to 3-28-1937

I last saw her alive on 3-27-1937 Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3-25-37

Other contributory causes of importance:

Senility Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo B. Syberton M. D.

(Address) 2802 Harford Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAR 31 1937

F 34030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34030

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma B. Miller

If U.S. Veteran specify WAR .....

(a) Residence: No. Mount Hope Retreat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (or) WIFE of W. B. Miller

6. DATE OF BIRTH (month, day, year) Aug. 9-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Stahl

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT W Booth Miller

(Address) 1740 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Mar 31 1937

19. UNDERTAKER Charles P Powell

(Address) 2421 Edmondson Ave.

20. FILED ... 19... by ... for ... Baltimore, Md.

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1937 to Mar 29 1937

I last saw her alive on Mar. 29 1937 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. Lobar Pneumonia	3 das.
Presenile Psychosis. Simple Deterioration	6 Mo

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. T. Magee M. D.

(Address) 3316 Fait Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34031

CERTIFICATE OF DEATH

92-aF 34031

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 W Lanvale St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth 79 yrs. 4 mos. 27 ds.

2. FULL NAME Bettie Trisler Pentz

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 129 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William F. Pentz

6. DATE OF BIRTH (month, day, year): Nov-3-1857

7. AGE: Years 79 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Daniel W. Trisler

14. BIRTHPLACE (city or town) (State or country): New Market Frederick Co Md.

MOTHER

15. MAIDEN NAME: Susanna F. Porter

16. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

17. INFORMANT: Miss Trisler S. Pentz daughter
(Address) 129 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mollwood Cty Date April 2 1937

19. UNDERTAKER: Stewart Mortuary Co.
(Address) 108 W Mt Royal Ave.

20. FILED MAR 31 1937 Lexington Williams [illegible]
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1928 to March 30, 1937
I last saw her alive on March 30, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema
Rheumatic Heart Disease.

Date of onset: March 29 Acute Chronic

Other contributory causes of importance: Chronic Hypertrophic Arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Nathaniel M. Beck M. D.
(Address) 2727 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34032 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34032

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 24 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ronald Thomas Hunter

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 423-W-24½ St. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About Dec. 5-1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John V. Hunter

14. BIRTHPLACE (city or town) Lake City (State or country) Florida

MOTHER

15. MAIDEN NAME Cora Page

16. BIRTHPLACE (city or town) Thomasville (State or country) Georgia

17. INFORMANT Mr J. V. Hunter (Father)
(Address) 423-W-24-St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's P. E. Cy. Date Apr 1-37

19. UNDERTAKER Stewart Mortuary Company
(Address) 108 W North Ave.

MAR 31 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to March 29, 1937

I last saw him alive on March 29, 1937 Death is said to have occurred on the date stated above, at 11:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
	about
Other contributory causes of importance:	
Pneumothorax	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 4-11-2498

F 34033 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C F 34033

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Mt. Royal Terrace St., 13 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos ds.

2. FULL NAME Albert Sidney Johnston Owens

(a) Residence: No. 1920 Mt. Royal Terrace St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Lowndes Owens

6. DATE OF BIRTH (month, day, year) March 7, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 0042
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Judge Supreme Bench, Baltimore City
10. Date deceased last worked at this occupation (month and year) February 1937
11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

FATHER
13. NAME Charles Wesley Owens
14. BIRTHPLACE (city or town) (State or country) A.A. Co., Md.

MOTHER
15. MAIDEN NAME Mary Sophia Smith
16. BIRTHPLACE (city or town) (State or country) Calvert Co., Md.

17. INFORMANT John Collinson, M.D.
(Address) 2808 Oak St., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion, Md. Date March 31, 19 37

19. UNDERTAKER Stewart & Mowen
(Address) 108 W. North Ave., Balto., Md.

MAR 31 1937 FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29, 19 37

22. I HEREBY CERTIFY, That I attended deceased from February 15, 19 37, to March 29, 19 37
I last saw him alive on March 29, 19 37 death is said to have occurred on the date stated above, at 10.45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	June 193 1936

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harris Goldman, M. D.
(Address) 1816 W. North Ave., Balto.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34034 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34034

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 14-3 Ward)

Registered No. 1184

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Garland

If U. S. Veteran specify WAR

(a) Residence: No. 418 Robert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10-1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Gl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David Garland

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Brooks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie Harris

(Address) 418 Robert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 3-31- 1937

19. UNDERTAKER Bryant Mamie W. Wright

(Address) 1218 Druid Hill Ave Baltimore, Md

20. FILED MAR 31 1937 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by (Inquest, Autopsy or Inquiry) and what said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemmorhage	3/26/37
Gun shot wounds of Stomach - lung heart	3/27/37

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury? Gun shot wound

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or Accident Date of injury 3-26 1937

Where did injury occur 418 W Fairmount St Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Accidental discharge of gun by

Nature of injury Gun shot wound of Stomach lung

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George S. Allen Coroner M. D.

(Address) 50 Eutaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34035

CERTIFICATE OF DEATH

F 34035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 8-6 Ward)

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 3 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen B Hammond

If U.S. Veteran specify WAR

(a) Residence: No. 1527 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Hubert Hammond

6. DATE OF BIRTH (month, day, year) Dec. 8, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beneficial Finance Co Asst Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 0 8 6

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME W. Brown Hammond

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Allen Eleanor Bennett

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Evelyn H. Hammond

(Address) 1527 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 1 1937

19. UNDERTAKER Wm H Locke Sons

(Address) North & Paves.

MAR 31 1937

Huntington Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-25-, 1937 to 3-29-, 1937

I last saw h alive on 3-29-37, 19 . Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3-25-37
Chronic nephritis	
Chronic alcoholism	
Hypertension	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank Goldsborough M. D.

(Address) St Joseph's Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34036

CERTIFICATE OF DEATH

F 34036

1. PLACE OF DEATH Bon Secours Hospital ✓ 131

CITY OF BALTIMORE: (No. 2025 W. Fayette St., 20-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 6 mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Uhl Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 109 Augusta Avenue. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie F. Uhl

6. DATE OF BIRTH (month, day, year) Sept. 2, 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Uhl.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Kilbar

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Sadie F. Uhl.

(Address) 109 Augusta Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date April 1, 1937

19. UNDERTAKER Wm. J. Dieckmann & Son

(Address) Park Place

20. FILED ..... 19.....

MAR 31 1937

Registrar

Huntington Millinator, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1937 to 3/30, 1937

I last saw h.. alive on 3/30, 1937 Death is said to have occurred on the date stated above, at 9:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Cardio - Renal Disease	1927
Other contributory causes of importance:	
Congestive Heart Failure	3/30/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lemon L. Kemp M. D.

(Address) Bon Secours Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34037

HEALTH DEPARTMENT—CITY OF BALTIMORE

34037

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 E. 32nd St., 12 Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Erminia Bailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 101 E. 32nd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 26, 1845

7. AGE: Years 92 | Months 2 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Centreville Md.

FATHER

13. NAME: Nehemiah Bailey

14. BIRTHPLACE (city or town) (State or country): Centreville

MOTHER

15. MAIDEN NAME: Elmanda

16. BIRTHPLACE (city or town) (State or country): .....

17. INFORMANT: Mrs. Margaret M. Bailey

(Address) 101 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Apr. 1 1937

19. UNDERTAKER: W. M. Nichols Sons

(Address) North & Fulton Aves.

20. FILED ..... 19.....

Registrar.

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 to Mar 30 1937

I last saw h[illegible] alive on Mar 30 1937. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Chronic Nephritis	Nov 1936
Other contributory causes of importance: Bronchio-Pneumonia	(3 days)

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Peckard M. D.

(Address) 1 E. Lexington St. Baltimore, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34038

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 N. Charles St., 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where (death occurred) 88 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Elizabeth Dickey

If U. S. Veteran specify WAR

(a) Residence: No. 2710 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Harold E. Dickey

6. DATE OF BIRTH (month, day, year): Sept. 29 1848

7. AGE: Years 88; Months 6; Days 1; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Wm Hunt

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Elizabeth Wood

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Miss Elizabeth N. Dickey

(Address) 2710 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem. Date: April 3 1937

19. UNDERTAKER: Wm. McClure & Sons

(Address) Monroe & Pa aves

20. FILED: MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/31 1936 to 3/30 1937

I last saw her alive on 3/29 1937. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 3/20/37

Other contributory causes of importance: Arteriosclerotic Cardiovascular renal disease — ?

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Bluem M. D.

(Address) 1206 E. Preston St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34039

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Hollins St. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Heier

If U. S. Veteran specify WAR

(a) Residence: No. 1630 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 30 1936

7. AGE

Years	Months	Days	If LESS than 1 day hrs. or min.
1	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edwin H Heier

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E Daniel

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Edwin H Heier
(Address) 1630 Hollins

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 3/31/37

19. UNDERTAKER Joyce & Hurley
(Address) Easton & Fayette

20. FILED MAR 31 1937, 19
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1937, to 3/20, 1937

I last saw h... CR alive on 3/30, 19 37 Death is said to have occurred on the date stated above, at 11:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was a disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J. Thompson M.D.

(Address) 1945 W. Baltimore St.

Information sought is correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-30—M. & T.—250 Bks.

34040

F 34040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 3111 McElderry ST., 6-1 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Patricia Eaton

(a) RESIDENCE NO. 3111 McElderry St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) March 29 1937

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1 day		1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cato Md

PARENTS

10 NAME OF FATHER John Eaton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Alice Setchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant John Eaton

(Address) 3111 McElderry St

Filed MAR 31 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) March 30, 1937

17

I HEREBY CERTIFY, That I attended deceased from Mar 29, 1937, to March 30, 1937, that I last saw h[illegible] alive on March 30, 1937, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) E. C. Reinoehl M.D., M. D.

, 19 (Address) 305 N Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Stafford Rd

DATE OF BURIAL 3/31/1937

20 UNDERTAKER C. J. Fanning Son - 1938 E. Lafayette Ave

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Name should be clearly supplied. AGE should be stated EXACTLY. PHYSICIANS should state

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34041

CERTIFICATE OF DEATH

1108 F 34041

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 1642 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Morris Ahestein

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Bertha Gold.

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Esther Cohen

(Address) 1642 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 3/31 1937

19. UNDERTAKER Levy Funeral Home

(Address) 1439 E. Balto St

20. FILED MAR 31 1937 Huntington Williams, M.D.

V93

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1937, to Mar 31, 1937

I last saw h.. alive on Mar 31, 1937 Death is said to have occurred on the date stated above, at 5.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia - type undetermined	3/24/37
Other contributory causes of importance: Rheumatic Heart Disease	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis Sarbe, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34042

CERTIFICATE OF DEATH

82-E F 34042

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E. Balto St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth 57 yrs. mos. ds.

2. FULL NAME Esther Weinberg

If U. S. Veteran specify WAR

(a) Residence: No. 920 E. Balto St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Simon

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 82 | Months | Days | If LESS than 1 day... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mrs. B. Ruchman

(Address) 3000 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Herring Run Date: 3/31/37

19. UNDERTAKER: Jos. Levy & Sons

(Address) 1459 E. Baltimore St.

MAR 31 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Mar 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1937, to March 31, 1937

I last saw h.. alive on March 29, 1937. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Cerebral thrombosis

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Henry B. Mahover M. D.

(Address) 2238 Eutaw Place

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 34043

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Rinerside Ave 2nd Ward) 3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Hubbard Walter

If U. S. Veteran specify WAR .....

(a) Residence: No. 1136 Rinerside Ave W. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Walter

6. DATE OF BIRTH (month, day, year) Sept. 10, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Hubbard

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Rosalia Zehnpfennich

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie Erdman, daughter
(Address) 1136 Rinerside Ave.

18. BURIAL, CREMATION, OR REMOVAL. Holy Cross, A. A. County Date Apr. 1, 1937

19. UNDERTAKER Fred. Myers & Son
(Address) Lake & Charles Sts.

20. FILED MAR 31 1937 Huntington Pittman, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1936 to March 30, 1937

I last saw h[illegible] alive on March 30, 1937 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	6 mos.
Other contributory causes of importance: Chronic Nephritis	1 year

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

23. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Weede M. D.

(Address) 1279 William St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34044

34044 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34044

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Hanover St. 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Annie E. Franke

If U. S. Veteran specify WAR .....

(a) Residence: No. 1133 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Harry J. Franke

6. DATE OF BIRTH (month, day, year): April 1, 1864

7. AGE: Years: 72 | Months: 11 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Martin Bailey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Bridget Bailey

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Wm. H. Franke
(Address) 1133 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: 4/2 19 37

19. UNDERTAKER: Margaret E. Flynn
(Address) 2107 Hilton St

20. FILED ..... 19 ..... Registrar.

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/30 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 37 to March 30 19 37
last saw her alive on March 29 19 37 Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: do not know

Other contributory causes of importance:

Arthritis deformans — Date of onset: do not know

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. E. Kuykendall M.D.

(Address) Wentworth Apts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34045

34045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 Mission Court St. 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME David Bennett

(a) Residence: No. 537 Mission Court St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 40				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT M. H. Police Records Baltimore City

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 31 1937, 19

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Keane

20. Filed ... 19 ... Registrar.

APR 1 1937

3119

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Progressive	Feb 1937
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Negative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. S. Allen M. D.

(Address) 25 W. Dauphin St

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34046

34046 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 22101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Williams Or Tom

If U. S. Veteran specify WAR .....

(a) Residence: No. 510 N. Gilmor St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lavinia Moore Williams

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Hampt Williams

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Jeanette Jackson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Middle River, Md. Date April 2, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder St.

20. FILED MAR 31 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1937 to 3-29 1937

I last saw him alive on 3-24 1937 Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	1yr.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE 34047

34047

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Eisenberg

If U. S. Veteran specify WAR .....

(a) Residence: No. Esplanade Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Eisenberg

6. DATE OF BIRTH (month, day, year) Mar 24 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Gustav Eisenberg

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Estter Stern

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs Carrie Eisenberg
(Address) Esplanade Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Sinai Cem Date 4/1 1937

19. UNDERTAKER Dan Goldberg & Son
(Address) 2 Eutaw Place

20. FILED APR 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1937 to Mar 30 1937

I last saw him alive on Mar 30 1937 Death is said to have occurred on the date stated above, at 10 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Mar 23
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Irwin Lauber, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34048 ✓ F 34048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 952 Brooks Lane 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Isadore Leif

If U. S. Veteran specify WAR

(a) Residence: No. 952 Brooks Lane Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie H. Leif

6. DATE OF BIRTH (month, day, year) Sept 19 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gents' Furn. Store Prop.

9. Industry or business in which work was done, as mill, farm, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0045

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Simon Leif

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. W. I. Leif

(Address) 952 Brooksdale

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Pl. Balto. Hebrew Date Apr. 1 1937

19. UNDERTAKER Sharid Sondheim-Son

(Address) 1902 Eutaw Place

20. FILED MAR 31 1937 Registrar 53087

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to March 30, 1937.

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	5 yrs
Other contributory causes of importance:	
Coronary occlusion	1 day

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Leiby M. D.

(Address) Temple Garden Apts.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 34049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34049

34-82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 Mary St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 1417 Mary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT N. E. Bottle Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAR 31 1937 19

19. UNDERTAKER
(Address)

Commissioner of Health
Per M. A. Moore
Registrar

MAR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 13. 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Mar 13 1937

Other contributory causes of importance:

Senile	[illegible] 1936

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen M. D.
Coroner

(Address) 507 Cunningham Bldg

3150

Registrar

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

[redacted] HEALTH DEPARTMENT—CITY OF BALTIMORE

F34050 CERTIFICATE OF DEATH × 159 F34050

1. PLACE OF DEATH University Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 4-26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby girl Heilmann

(a) Residence: No. ____ St., ____ Ward. Ashland Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 28, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or 45 min.
	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) University Hospital Baltimore, Md

FATHER

13. NAME Robert Otto Heilman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Thelma Travers

16. BIRTHPLACE (city or town) (State or country) Wicomico, Co Maryland

17. INFORMANT ____
(Address)

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL MAR 31 1937
Place Date , 19
Commissioner of Health

19. UNDERTAKER ____
(Address) Per M. A. Keene

FILED MAR 31 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937 to March 28, 1937

I last saw her alive on March 28, 1937 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Mother hemiplegia, Edema	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify ____

(Signed) Hugh B. McNally M. D.
(Address) Univ. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34051

CERTIFICATE OF DEATH

48 F 34051

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 N. Collington Ave St., 8 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mary E. Glass

(a) Residence: No. 1906 N. Collington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Glass

6. DATE OF BIRTH (month, day, year) Nov. 10-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3 4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boonsboro, Md.

FATHER

13. NAME Upton Emerson

14. BIRTHPLACE (city or town) (State or country) Boonsboro, Md.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Florence Chesmont

(Address) 622 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery, Md. Date April 3 1937

19. UNDERTAKER George W. Gichler

(Address) 1737 E. Eager St.

Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1937

22. I HEREBY CERTIFY, That I attended deceased from January 7 1937 to March 30 1937

I last saw her alive on March 30 1937. Death is said to have occurred on the date stated above, at 4:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus.	1 year ago.
General Arteriosclerosis	2 years ago.
Acute Dementia	2 years.
	10
	30 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Kennedy M. D.

(Address) 1025 L North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 34052

34052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 W Lafayette Ave St. 11-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Colton

If U. S. Veteran specify WAR .....

(a) Residence: No. 127 W Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alexander Brown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) C C Co Md

FATHER

13. NAME Wesley H Colton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah E Finkhouser

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bartus Trew

(Address) 127 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 1 1937

19. UNDERTAKER Henry Oppenheimer & Co

(Address) Eutaw & Mc Culloh Sts

20. FILED ..... 19 ..... Registrar.

R 31 1937 ~~Baltimore, Md.~~ Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1916 to Mar 29th 1937

I last saw h~~im~~ alive on Mar 29 1937. Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Cerebral Hemorrhage -	Mar 29
Arterio Sclerosis -	Mar 29
	?

Other contributory causes of importance:

Was an operation performed? No - Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) Chas. W Lamed M. D.

(Address) 1527 Park Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34053

CERTIFICATE OF DEATH

93-C F 34053

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Harlem Ave Ward 16-5)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Flynn

If U. S. Veteran specify WAR

(a) Residence: No. 2539 Harlem Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Flynn

6. DATE OF BIRTH (month, day, year) Mar 28-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Tighe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Wahley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) John Flynn 2539 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cem. Date Apl 2 37

19. UNDERTAKER (Address) Chas. P. Frank & Son 1128 W. Fayette St.

MAR 31 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30-37

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3. 1937 to Mar. 30. 1937

I last saw her alive on Mar 30 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age.	
	or
Other contributory causes of importance: Cardiac Dilatation	March 37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert C. Black M. D.

(Address) Med. Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Spec.—9-30—A. & Co.—250 Bks

F 34054

✓ F 34054

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-E

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square Hosp. St 21-2 WARD)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katharine Bowman

(a) RESIDENCE NO. 1236 Sargeant St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Bowman

6 DATE OF BIRTH (month, day, and year): Jan 14 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House-work

(b) General nature of Industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Frederick Md

PARENTS'

10 NAME OF FATHER: Samuel Knight

11 BIRTHPLACE OF FATHER (city or town): Funkstown (State or country): Washington Co. Md

12 MAIDEN NAME OF MOTHER: Sarah Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick, Md

14 Informant: Lillie Smith
(Address): 1236 Sargeant St

15 3 1 1937 Huntington Williams 4-1-37

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 3/29/37.

17 I HEREBY CERTIFY, That I attended deceased from 3/1/, 1937, to 3/29/, 1937

that I last saw h[illegible] alive on 3/29/, 1937

and that death occurred, on the date stated above, at 11:25 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Gall-Bladder.

(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 3/24/37.

Was there an autopsy? yes

What test confirmed diagnosis? yes.

(Signed) Abraham A. Levine M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Westminster, Md — DATE OF BURIAL: April 1 1937

20 UNDERTAKER: John F. Deary — ADDRESS: 715 Light St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 34055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34055

CERTIFICATE OF DEATH

47-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2437 Jefferson St. 6-2 Ward)

Length of residence in city or town where death occurred 46 yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Robb

(a) Residence: No. 2437 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Kromadka

6. DATE OF BIRTH (month, day, year): March 7, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46		23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Gaytan Robb

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Anna Vojta

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Mary Kromadka

(Address) 2437 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 2 1937

19. UNDERTAKER: Roach Brothers

(Address) 906 Calhoun

Huntington Indiana, 1937

Registrar.

R 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to March 30 1937

I last saw him alive on March 30 1937 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	1/1/37
Other contributory causes of importance: Acute Cardiac Dilatation	3/29/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) William J. Rydzewski M. D.

(Address) 804 N Chester St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34056

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2404 Maryland Ave St. 12-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm L. Dare

If U. S. Veteran specify WAR .....

(a) Residence: No. 2404 Maryland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb - 23 - 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	30	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk in 5¢

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dime Store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James P. Dare

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lydia E. Rose

16. BIRTHPLACE (city or town) (State or country) Prince George's Co Md

17. INFORMANT James P. Dare

(Address) 2404 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pers Cypress Hill Cem Date April 3 1937

19. UNDERTAKER Wm E. Miller

(Address) 2435 E Preston St

20. FILED MAR 31 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar - 31 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 27 1937 to Mch 31 1937

I last saw him alive on March 31 1937 Death is said to have occurred on the date stated above, at 2:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	5 days
Other contributory causes of importance: Pneumonia -	1 day
Chronic Interstitial Nephritis	years

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cairne

34057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34057

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary 6-5 11-a

CITY OF BALTIMORE: (No. ..... St., 6 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 8 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Cairne

If U.S. Veteran specify WAR .....

(a) Residence: No. Parkton, Baltimore, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Cairne

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0033

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bucks Co Md

FATHER

13. NAME W. T. Cooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cornelia Ball

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT C. F. Cooper

(Address) Parkton, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date April 3 1937

19. UNDERTAKER P. Markeffsky Funeral Home

(Address) Whole Stall Md

20. FILED Huntingdon Pikesville, Md

APR 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23 1937 to March 31 1937

I last saw her alive on March 31 1937 Death is said to have occurred on the date stated above, at 7:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3/2/37
Influenza	3/7/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? C.L. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John G. Myers M. D.

(Address) Church Home & I.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34058

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St.) 27-14 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME FRANK K. COFFIN Spanish-American War

(a) Residence: No. 1013 COLD SPRING LA St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	WHITE	Married

5a. If married, widowed, or divorced
HUSBAND (or) WIFE of Anna M. Coffin

6. DATE OF BIRTH (month, day, year) Dec 13 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repair Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile shop.

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PENNSYLVANIA

FATHER

13. NAME GEORGE COFFIN

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME SUSAN KNAUSS

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date April 3 1937

19. UNDERTAKER Geo. M. Doyle
(Address) 2700 Edmondson Ave

20. FILED APR 1 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MARCH 31 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 19 1937 to MARCH 31 1937
I last saw h/M alive on March 31 1937. Death is said to have occurred on the date stated above, at 7:26 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BILATERAL BRONCHOPNEUMONIA	MAR 1937
Other contributory causes of importance: PERFORATED GASTRIC ULCER	MAR 1937

Was an operation performed? Yes Date of Mar 19 1937
For what disease or injury? Perforated Gastric Ulcer
When
What test confirmed diagnosis Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Roland E. Brown M. D.
(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34059

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34059
13968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Fife Ward) 21-2

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mollie Cooney

(a) Residence: No. 1159 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 2/11/1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas Cooney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Nugent

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 3 1937

19. UNDERTAKER Amerine Funeral Home
(Address) 1077 W. Baltimore St.

20. FILED ..... 19.....

APR 1 - 1937 Remington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-26 1932 to 3-30 1937

I last saw her alive on 3-30 1937 Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pyelonephritis (non TB)	Several mos.
Other contributory causes of importance: Nephrolithiasis	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34060

F 34060 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-a

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 27-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul V. Durbin

If U. S. Veteran specify WAR WW

(a) Residence: No. Manhattan & Old Pimlico Rd. St., 5616 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. ? 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Waynesboro
(State or country) Penna.

FATHER

13. NAME Jesse F. Durbin

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Adie ??

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Buried Potter's Field aks 1 37
Date

19. UNDERTAKER R. J. Marshall
(Address) 2529 Falls Road

20. FILED 1937

R. 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937, to March 30, 1937

I last saw him alive on March 30, 1937. Death is said to have occurred on the date stated above, at 2:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	Chronic
Other contributory causes of importance:	
	Old

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. M. H. Anderson, M. D.

(Address) U.S. Marine Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34061

F 34061

HEALTH DEPARTMENT—CITY OF BALTIMORE

22155

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Barrett

If U. S. Veteran specify WAR

(a) Residence: No. 837 Ensor St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 4/23/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupatiun (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April, 1937

19. UNDERTAKER Mrs. Robert E. Elliott-daughter

(Address) 1129 Carolina

20. FILED APR 1 - 1937, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to March 27, 1937

I last saw him alive on March 27, 1937. Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease,	Nov. 1936
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34062

93-c

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 162 East (St.) 5-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugene Nichols

(a) Residence: No. 162 East St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color-	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Aug 2 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Nichols (Address) 162 East St.

18. BURIAL, CREMATION, OR REMOVAL

Loudenslager Date April 1 1937

19. UNDERTAKER Wm. H. Elliott & Daughter, (Address) 1129 Caroline St.

20. FILED APR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1937 to 3-29 1937

I last saw him alive on 3-28 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

1. Essential Hypertension Myocarditis Chronic — Date of onset Jan 1 1932

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Necropsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George S. Allen M. D.

(Address) 50 Eutaw Pl.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 34063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34063

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 W Madison St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred 84 yrs. 9 mos. 16 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Martin Killmeyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 313 W Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Maggie Killmeyer

6. DATE OF BIRTH (month, day, year) June 15 / 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME — Killmeyer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME 11

16. BIRTHPLACE (city or town) (State or country) 11

17. INFORMANT Maggie Killmeyer

(Address) 313 W Madison st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 3 1937

19. UNDERTAKER Chas. E. Franck

(Address) 822 Madison Av

20. FILED ..... 19 ..... Registrar.

APR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1937

22. I HEREBY CERTIFY, That I attended deceased from February 24 1937 to March 31 1937

I last saw him alive on March 30 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1 yr
Other contributory causes of importance:	
Arteriosclerosis	1 yr
Senility	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Sperify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W S Gump M. D.

(Address) 6 Wyndale Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34064

CERTIFICATE OF DEATH

51-F 34064

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital) (Ward) 11-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Walker

(a) Residence: No. 1 East Cedar St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York South Carolina

FATHER

13. NAME William M. Walker

14. BIRTHPLACE (city or town) (State or country) York county S. C.

MOTHER

15. MAIDEN NAME Mary E. Hudson

16. BIRTHPLACE (city or town) (State or country) York County S. C.

17. INFORMANT Mr. George Walker

(Address) 1E. Cedar St. Baltimore

18. BURIAL, CREMATION OR REMOVAL

Place Green Mount Date April 2 1937

19. UNDERTAKER Chas. Grauwiller & Sons

(Address) 1500 Eutaw Place

20. FILED APR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4th 1936 to March 31st 1937

I last saw h.im alive on March 31st 1937. Death is said to have occurred on the date stated above, at 2.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the prostate	1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2/22/36

For what disease or injury? Enlarged prostate

Name of operation Suprapubic prostatectomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34065

F 34065

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 12 Ward)

Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert E. Bartholomew

If U. S. Veteran specify WAR

(a) Residence: No. 2715 Huntingdon Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Katie L. Englehardt

6. DATE OF BIRTH (month, day, year): [illegible] 7, 1877

7. AGE: Years 59 | Months 10 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Auto Stores

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Geo. H. Bartholomew

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Agusta Slaffregen

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Katie L. Bartholomew

(Address) 2715 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL: London Park C. Date April 2 19 37

19. UNDERTAKER: John Oursler Sons

(Address) 910 Eastern Ave

FILED APR 1 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-18-37, 19 to 3-30-37, 19

I last saw him alive on 3-30-37, 19 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Cholecystitis

Myocardial Failure

Date of onset

Other contributory causes of importance:

Was an operation performed? yes Date of 3-20-37

For what disease or injury?

Name of operation Cholecystectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Stephens M. D.

(Address) Md. Gen. Hosp.

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 34066 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34066

CERTIFICATE OF DEATH

12-3 / 186-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2631 N.Calvert St. St., 12 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E.Wagner

(a) Residence: No. 2631 N.Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Edward Wagner

6. DATE OF BIRTH (month, day, year) Aug.22.1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date decedent last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Parsons

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME E Black

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo.E.Wagner
(Address) 2631 N.Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 11.1937

19. UNDERTAKER John O.Mitchell Sons
(Address) 1900 Eutaw Place

Huntington Ave. Baltimore, Md.

20. FILED APR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mch.30.1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained at said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Surgery

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Tibia & Fibula (Left)	Feb 25/37
Femoral Phlebitis	Mar 20/37
Cardiac Embolism	Mar 30/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2-25 1937
Where did injury occur? In her home 2631 N. Calvert St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place home
Manner of injury Fell in Retention
Nature of injury Fracture of left tibia & fibula

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edw Vidal Gosnell M. D.
Coroner
(Address) 4501 Roland Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34067

CERTIFICATE OF DEATH

F 34067

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Mem Hosp St. 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Harvey A Naughtel

(a) Residence: No. Red Lion Pennsylvania Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Harvey A Naughtel

6. DATE OF BIRTH (month, day, year) Dec 10 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ponca

FATHER

13. NAME John Naughtel

14. BIRTHPLACE (city or town) (State or country) Ponca

MOTHER

15. MAIDEN NAME Annie Strayer

16. BIRTHPLACE (city or town) (State or country) Ponca

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Red Lion Pa. Date April 7 1937

19. UNDERTAKER Thos F Dietrich & Sons
(Address) York Pa

20. FILED APR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30 1937 to March 31 1937.

I last saw h.. alive on March 31 1937. Death is said to have occurred on the date stated above, at 4.10 a.m. (4-1-37)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3-24-37
Other contributory causes of importance: Chronic nephritis	Dec. 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank M. Weaver M. D.

(Address) Univ Memorial Hospital.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34068

CERTIFICATE OF DEATH 21782

F 34068

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Hahn

If U. S. Veteran specify WAR

(a) Residence: No. 2793 Alameda Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward (D)

6. DATE OF BIRTH (month, day, year) 1-27-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Wardell (D)

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 3 37

19. UNDERTAKER John Ulrich

(Address) 2008 Baltimore St

20. FILED [illegible] Registrar

PR-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1937 to 3-31, 1937

I last saw h. alive on 3-31, 1937 Death is said to have occurred on the date stated above, at 12 30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary left	3 yrs.
Other contributory causes of importance: Ivanhoe	6 mos.
Was an operation performed? Mercy Hosp.	
For what disease or injury?	
Name of operation	
What test confirmed diagnosis? Was there an autopsy?	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Hoover M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34069

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1718 E. 32nd Street.

CITY OF BALTIMORE: (No. [redacted] St. 9-6 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ALICE JOSEPHINE KRAUSZ

(a) Residence: No. 1718 E. 32nd Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L. Krausz

6. DATE OF BIRTH (month, day, year) Nov. 15, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Dennis Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Leddy

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT John L. Krausz
(Address) 1718 E. 32nd t.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Apr. 2, 1937

19. UNDERTAKER John Ulrich
(Address) 2008 Eastern Ave.

20. FILED ..... 19..... Registrar.

APR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/ ,1937.

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1936 to Mar 30 1937.

I last saw her alive on Mar 30 1937. Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	Jan '36.
Other contributory causes of importance (Metastasis (Stomach & Lumbar Region)	?

Was an operation performed? Remove Date of May 7 1936
For what disease or injury? Ca Breast (also Carcinoma)
Name of operation Removal of Breast
What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ....., 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify —

(Signed) L. V. Meyer Jr. M. D.
(Address) 1522 E. 33rd

Lexington Hillcrest, Md.

OCCUPATION is very important. See instructions on back of certificate.

34070

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34070

CERTIFICATE OF DEATH

47-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME [illegible]

(a) Residence: No. 1101 Overbrook Rd. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ester C. Cooley.

6. DATE OF BIRTH (month, day, year) June 27, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. M. R. R.

10. Date deceased last worked at this occupation (month, day, year) 3/10/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Thos D Cooley

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Ella Talbott

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Wm Cooley (Address) 619 McElderry Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Park Date 4/3/37

19. UNDERTAKER John Ulrich (Address) 2008 Orleans St.

20. FILED [illegible] 19 [illegible] Registrar. By [illegible] Deputy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to March 30, 1937

I last saw him alive on March 28, 1937. Death is said to have occurred on the date stated above, at 10 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	about
Bronchopneumonia, bilateral	3/24/37

Other contributory causes of importance:

Was an operation performed? Yes Date of March 25, 1937

For what disease or injury? Carcinoma of Larynx

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Diego H. Lewis M. D.

(Address) Univ. of Md. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 34071

F 34071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 12-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR -

2. FULL NAME Emerson Lee Richardson

(a) Residence: No. 29 West North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30 - 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge
(State or country) Md

FATHER

13. NAME Emerson Carroll Richardson

14. BIRTHPLACE (city or town) Cambridge
(State or country) Md.

MOTHER

15. MAIDEN NAME Susan D. Collins

16. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

17. INFORMANT Mrs. Virgil Richardson
(Address) 29 West North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Memorial Park Date April 2 1937

19. UNDERTAKER Josiah Syfer
(Address) 1660 W. North Ave

20. FILED 1937 Huntington Pittsman, MD

PR 1-193

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-22 1937

Where did injury occur? Old Line Road, Severna Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

How injury occurred Was passenger, woman in front seat of car & she also pulled in front seat

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Bailey Coale M. D.
Coroner

(Address) 207 N. Charles St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 34072 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34072

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. Wolfe St., 8 Ward)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph M. Foster.

(a) Residence: No. 1523 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha W. Foster

6. DATE OF BIRTH (month, day, year) June 24. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	76	9.	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Post Office

10. Date deceased last worked at this occupation (month and year) 12 yrs

11. Total time (Years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Foster

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Annie Courtenay

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Martha W. Foster

(Address) 1523 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 3. 1937

19. UNDERTAKER Edward N. Bright Jr.

(Address) 4914 Belair Road.

FILED Huntington Williams, RD

APR 1 - 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23. 1937. to March 31. 1937

I last saw him alive on March 31. 1937 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/23/37
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E. Sinnott M. D.

(Address) 613 N. Howard Ave

F 34073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 34073

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Windsor Mill Rd Ward) 15-4

Length of residence in city or town where death occurred 7 yrs. 2 mos. 24 How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Mary Mathilda Hamp

(a) Residence: No. 3611 Windsor Mill Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Conrad Hamp

6. DATE OF BIRTH (month, day, year) Jan 29 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Conrad Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Audrey Edwards

(Address) 3611 Windsor Mill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 2 1937

19. UNDERTAKER Percy V. Eufemio Sons Co

(Address) 1911 Eutaw Pl

FILED APR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1 1937 to 3/31 1937

I last saw her alive on 3/30 1937 Death is said to have occurred on the date stated above, at 2.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/1/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry J. Cowell M. D.

(Address) 3611 Windsor Mill Rd

OCCUPATION is very important. See instructions on back of certificate.

F 34074 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34074

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 633 N. Lee St., 22-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Hall

(a) Residence: No. 633 N Lee St St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Hall
6. DATE OF BIRTH (month, day, year)
7. AGE: 69 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as mill, silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER
13. NAME: Henry Conquest
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Annie Conquest
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Victoria Thomas
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Date 4-1-37, 19

19. UNDERTAKER
(Address)

20. FILED APR 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 25, 37

I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 25, 1937

I last saw her alive on March 25, 1937 Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) H. Grandpre M. D.
(Address) 501 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 34075

F 34075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 3-2 903-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Foreman

(a) Residence: No. 1144 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Clerk

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Foreman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Berman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bob. Foreman

(Address) 1144 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date April 1, 1937

19. UNDERTAKER Goll Levinson Bros

(Address) 1127 E. Baltimore St

20. FILED APR 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	
Traumatic Shock	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/31/37, 19

Where did injury occur? 109 E. Lombard St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Crushed between elevator

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was working

(Signed) , M. D.
Coroner

(Address)

OCCUPATION is very important. See instructions on back of certificate. Use ink—PRINT in plain terms, so that it may be properly classified. Exact statement of

F 34076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34076

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Hurlburt St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian E. Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 729 Hurlburn St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 7-15-1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

FATHER

13. NAME Andrew Stewart

14. BIRTHPLACE (city or town) (State or country) Washington D C

MOTHER

15. MAIDEN NAME Lillian Edwards

16. BIRTHPLACE (city or town) (State or country) Washington D C

17. INFORMANT Lillian Somerville

(Address) 729 Hurlburn St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln Cem Washington D C Date 4/1/37 19

19. UNDERTAKER Chas. Harper

(Address) 714 N. Gilmor St.

20. FILED APR 1 - 1937 Harry Pitcher, M.D. Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dysentery - Bacillary	3/26/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Stool Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

34077 E 34077

34077 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 N Caroline St. 16-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Thomas

(a) Residence: No. 233 N Caroline St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas Thomas

6. DATE OF BIRTH (month, day, year) March 16 1811

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
6 ✓		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Geo Walker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lucy Poole

(Address) 233 N Caroline

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 4 1937

19. UNDERTAKER Mr Kate R Williams

(Address) 322 N. Schroeder St.

20. FILED APR 1 - 1937 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1937, to March 31 1937

I last saw h..... alive on March 30 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 Mos
Senile	
Other contributory causes of importance: Senile Dementia	2 Yrs

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H H Hargrett M. D.

(Address) 137 W Fayette

OCCUPATION is very important. See instructions on back of certificate.

F 34078

F 34078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 McCulloh St. 14-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lewis Fortune (Farina)

(a) Residence: No. 2131 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Loving

6. DATE OF BIRTH (month, day, year) 2/2/1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Annie Loving
(Address) 2131 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/2 19 27

19. UNDERTAKER Samuel H. Shore & Sons
(Address) 628 E. Biddle

20. FILED ..... Registrar

R. 1-1837

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31 19 27

22. I HEREBY CERTIFY, That I attended deceased from 3/10 19 27 to 3/31 19 27

I last saw h[illegible] alive on 3/31 19 27 Death is said to have occurred on the date stated above, at 8 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Nephritis &	
Arter. Hyperpiesia.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. Hillman M. D.

(Address) 2131 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 34079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34079

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPHS HOSP. 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MARLENE DE FRANK

If U. S. Veteran specify WAR

(a) Residence: No. 5 ROSEWICK RD. St., Ward. Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) OCT. 20/1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) BALTO. MD

FATHER

13. NAME LEROY DE FRANK

14. BIRTHPLACE (City or town) (State or country) NEW PORT NEWS. VA.

MOTHER

15. MAIDEN NAME SOPHIA WAGNER

16. BIRTHPLACE (City or town) (State or country) BALTO. MD.

17. INFORMANT LEROY DE FRANK (FATHER)

(Address) 5 ROSEWICK RD

18. BURIAL, CREMATION, OR REMOVAL

Place HOLY REDEEMER Date APR. 2 1937

19. UNDERTAKER Lilly & Feeley Co.

(Address) 402 S. WOLFE ST.

20. FILED Huntington Waltman, M.D.

1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAR. 31 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia (Primary)	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rheuter, M. D.

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 34080

F 34080 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 S. Madeira St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Goldbeck.

(a) Residence: No. 509 S. Madeira St., 1 Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Frederick Goldbeck

6. DATE OF BIRTH (month, day, year) Oct. 2nd 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	28	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Jacob Crasch.

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry Goldbeck

(Address) 509 S. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: April 2nd 1937

19. UNDERTAKER: Lilly & Zeiler Inc.

(Address) 508 S. Wolfe St.

1-1937 [illegible] Funeral Home, Inc.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937, to June 30, 1937

I last saw her alive on June 30, 1937. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia. — Date of onset 3-24-37

Other contributory causes of importance: Generalized Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? None Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Carl Kuniunk M. D.

(Address) 842 S. Conkling Ave.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 34081

F 34081 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 S. Linwood Ave. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Lorretta Murphy

(a) Residence: No. 817 S. Linwood Ave., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Murphy

6. DATE OF BIRTH (month, day, year) Sept 4 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Slaughter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Connaughton

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Bockrage
(Address) 815 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pabst Farm Date Apr 2 1937

19. UNDERTAKER Tilyou & Zeiler Inc
(Address) 703 Fallsway

19. Filed Apr 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to March 30 1937

I last saw her alive on March 30 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - arteriosclerosis & Hypertension	3-30-37
Other contributory causes of importance Acute Cardiac dilatation	Instant

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis P.M.E.S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John K. Boerstler M. D.

(Address) 1802 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

R 1-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34082

CERTIFICATE OF DEATH

23 F 34082

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 E. Pratt St., 2-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harris Shapoff

(a) Residence: No. 1829 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Rachael

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Shapoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT S. S. Shapoff

(Address) 2146 Aiken St.

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 4/1/37 19

19. UNDERTAKER Jack Lewis Eng

(Address) 1432 E. Balto St.

FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1-37 19

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to April 1 19 37

I last saw alive on April 1 19 37 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic Leukemia	1933
Other contributory causes of importance:	unk

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Melvin L. Solomon M. D.

(Address) 129 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

PR 1-1937

VS 3

34083 F 34083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pauline Madison Warrington

(a) Residence: No. 2300 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Warrington

6. DATE OF BIRTH (month, day, year) Oct. 29-1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto pub schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Armstead

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Janice Pierce

16. BIRTHPLACE (city or town) New York (State or country) N. Y.

17. INFORMANT Father (Address) 2300 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 4/1/37. 19

19. UNDERTAKER Mrs. George R. Rolland (Address) 631 Druid Hill Ave

FILED APR 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 3-31-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22-1937 to 3-31-1937

I last saw h.. alive on 3-31-37, 19..... Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - cause conditions named	3-20-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Lumbar puncture

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4 Wakefield Court St. 31 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Walter Barnes

(a) Residence: No. 4 Wakefield Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — X

6. DATE OF BIRTH (month, day, year) Sept 17 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk dealer retail
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

FATHER
13. NAME William
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Julia Williams
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Julia Barnes
(Address) 2209 Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park April 2 1937

19. UNDERTAKER Robert L. Gorsuch
(Address) 804 N. Caroline Street

20. FILED April 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. M. Wright Coroner, M. D.
(Address) 1010 S Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

1-1-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34085

CERTIFICATE OF DEATH

F 34085

46-B

1. PLACE OF DEATH Home For Incurables

CITY OF BALTIMORE: (No. 700 W 40th St St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Jane Bollman If U. S. Veteran Specify WAR

(a) Residence: No. Home For Incurables St., 700 W 40th St Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Bollman

6. DATE OF BIRTH (month, day, year) July 28 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oxford Md

FATHER

13. NAME Joseph Crockett

14. BIRTHPLACE (city or town) (State or country) Salisbury Md

MOTHER

15. MAIDEN NAME Mary E Harrison

16. BIRTHPLACE (city or town) (State or country) Williamsport Talbot Co Md

17. INFORMANT Home For Incurables (Address) 700 W. 40th St

18. BURIAL, CREMATION, OR REMOVAL Place Oxford, Md. Date April 2, 1937

19. UNDERTAKER Maurice E. Neuman & Bro. (Address) Oxford, Md.

Filed APR 1 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31-10 30 P.M. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1929 to Mar. 31, 1937.

I last saw her alive on Mar 31, 1937 Death is said to have occurred on the date stated above, at 10 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach (?)	Dec 1936
Other contributory causes of importance: Chronic hypertrophic Arthritis.	1912

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None Date of

What test confirmed diagnosis? P. E. - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If a woman, for how long

(Signed) W W Mayo M. D.

(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

34086 # 20408 ✓ F 34086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME John Green

(a) Residence: No. 327 N. Gilmore St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-11-1868

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Clara

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 1 - 1937, 19

Commissioner of Health

19. UNDERTAKER Par H. A. Moore

(Address)

20. FILED APR 1 - 1937, 19 Registrar

R 1 - 1937

31.23 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1937 to 3-28, 1937

I last saw h.[illegible] alive on 3-28, 1937 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 Days
Other contributory causes of importance: Arteriosclerotic Heart Dis	12-12-36

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenny M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

34087

HEALTH DEPARTMENT—CITY OF BALTIMORE

#21998

F 34037

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Ray

If U. S. Veteran specify WAR

(a) Residence: No. 1500 W. Lafayette Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/28/1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	✓	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston, S. C.

FATHER

13. NAME John Ray

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Francis Scott

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

JOHNS HOPKINS MEDICAL SCHOOL APR 1 - 1937

Place Date 19

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED

APR 1 - 1937

3124 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1937 to March 27, 1937

I last saw him alive on March 27, 1937. Death is said to have occurred on the date stated above, at 2.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas (?)	2 months
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. de Lamielle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 34088.

F 34088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Tayne

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 1 - 1937, 19..

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. 1937 ..... Registrar.

312-5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2, 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon, and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward K. Wallace, M. D.
Coroner

(Address) 201 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 34089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34089

95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Port St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mns. ... ds.

2. FULL NAME Frank Sobczak

If U. S. Veteran specify WAR .....

(a) Residence: No. 715 S. Port St., ... Ward.
(Usual place of abode) (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) Sept 23 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Copper (?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Forterliza Works. A.T.C.

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Sobczak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Agnes (?)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Josephine Sobczak

(Address) 715 S. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 3 1937

19. UNDERTAKER John McVey

(Address) 1 [illegible]

[illegible] Registrar.

R 1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the date stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	
Other contributory causes of importance: Acute Cardiac dilatation	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. Mrugh Coroner, M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 34090

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34090

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Echodale Ave St., 27-1 Ward) Registered No. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Leslie J. Pulket

(a) Residence: No. 3505 Echodale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva J. Pulket

6. DATE OF BIRTH (month, day, year) July 23 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Finery Breweries
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James J. Pulket
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna M. Streb
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William Pulket
(Address) 3412 Lyndale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Park Date 4/3/37 19

19. UNDERTAKER Leonard J. Rock
(Address) 5305 Harford Rd

20. [illegible] 19.. Registrar

1-1937

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation (Suicide due to temporary insanity)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3/31, 1937.

Where did injury occur? 3505 Echodale Ave Balto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanged self in cellar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, Coroner, M. D.

(Address) 1914 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 34091

34091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 128 S Potomac St. 1-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pauline [illegible] Pochler

(a) Residence: No. 128 S Potomac St., ... Ward, ...
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced (or) WIFE of Frank E. Pochler

6. DATE OF BIRTH (month, day, year) May 11 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Paul Haussler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Haussler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank E. Pochler
(Address) 128 S. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdown Date April 2, 37

19. UNDERTAKER John A. Morand
(Address) 3000 E. Balto St.

20. FILED [illegible] Huntington Hillsboro [illegible]

1-15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24 1937, to Mar. 30, 1937

I last saw her alive on Mar. 29, 1937. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	1929
Other contributory causes of importance: Cerebral hemorrhage	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Edward Morad, M. D.

(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 34092

HEALTH DEPARTMENT—CITY OF BALTIMORE

34092

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 444 E. 22nd St. 12-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Tragesser

(a) Residence: No. 444 E. 22nd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Tragesser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Thalheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Tragesser
(Address) 444 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Apr. 2, 1937

19. UNDERTAKER
(Address)

20. FILED APR 1 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 19th, 1937 to March 30th, 1937

I last saw her alive on March 30, 1937 Death is said to have occurred on the date stated above, at 11:10 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vascular heart lesion old age	
Other contributory causes of importance: Heart failure	March 30/37

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Reginald J. Tonry, M. D.

(Address) 414 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

34093

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34093

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hopkins Hospital 210-M

CITY OF BALTIMORE: (No.) St. 10-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Stine (Steen)

If U. S. Veteran specify WAR

(a) Residence: No. 830 N Augusta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the Word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1841

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wesley Mackie

(Address) 1611 Wards St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/3/37

19. UNDERTAKER Lotte Grosz

(Address) 1408 Aisquith ave

1-1931

Registrar

MEDICAL CERTIFICATE OF DEATH 1.30.4M

21. DATE OF DEATH (month, day, year) 3/22/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fracture of skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

(Accident, suicide, or homicide) Accident Date of injury 3/22, 1937

Where did injury occur? Baltimore near Caroline St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto crossing car

Nature of injury Middle of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Edward Gundy Auto, M. D.

Coroner

(Address) 217 E Eager St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

34094 HEALTH DEPARTMENT—CITY OF BALTIMORE 34094

CERTIFICATE OF DEATH ✓ 46F

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record.

2. FULL NAME Mrs. Semina Kaufman

(a) Residence: No. 4601 Walther St., Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced
HUSBAND of (or WIFE of) Mrs Hannah Kaufman

6. DATE OF BIRTH (month, day, year) June 24th 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plant Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A A Brooks

10. Date deceased last worked at this occupation (month and year) 3/30/37

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H. Kaufman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Carrie Kroll

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie Kaufman

(Address) 4601 Walther Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

APR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1-37

22. I HEREBY CERTIFY, That I attended deceased from 3-25-1937 to 4-1-1937

I last saw h.im alive on 4-1-1937. Death is said to have occurred on the date stated above, at 1.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	
Chronic cholecystitis	

Other contributory causes of importance:

Myocardial failure

Was an operation performed? yes Date of 3-30-37

For what disease or injury? Ca. of pancreas

Name of operation Cholecystostomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Dr. J. J. Williams Jr M. D.

(Address) Maryland General Hospital

OCCUPATION is very important. See instructions on back of certificate.

34095

HEALTH DEPARTMENT—CITY OF BALTIMORE

34095

CERTIFICATE OF DEATH

9-194-0

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Cator Ave St., ... Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter J. & Hayes

If U. S. Veteran, specify WAR World War.

(a) Residence: No. 611 Cator Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mabel A Hayes

6. DATE OF BIRTH (month, day, year) March 26. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg Co

10. Date (year) last worked at this occupation (month and year) March 30. 1937

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) New York City N. Y.

FATHER

13. NAME Walter J. Hayes

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Emma Lochrie

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Walter J. Hayes (Address) 611 Cator Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Date April 2. 37

19. UNDERTAKER Wilson & Pratt (Address) 1217 E. Fort Ave

20. FILED ..... 19..... Registrar.

APR 2 - 1937 Harrington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937, to March 31, 1937

I last saw him alive on March 30, 1937. Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	March 31, 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

Clinical Examination

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Geo. W. Hayes Jr. M. D.

(Address) 401 East 25th Street

OCCUPATION is very important. See instructions on back of certificate.

F 34096

34096 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Lois Stamptner

(a) Residence: No. 640 Cokesbury Avenue St., ... Ward. War No Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white.	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LeRoy Charles Stamptner

6. DATE OF BIRTH (month, day, year) September 5, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Indiana.

FATHER

13. NAME Louis Crass.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Mary Dengerman

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT LeRoy Stamptner
(Address) 640 Cokesbury Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date April 3rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... Registrar

APR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1937 to March 31, 1937
I last saw her alive on March 31, 1937 Death is said to have occurred on the date stated above, at 2 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	3/27/37

Other contributory causes of importance:
operative procedures.
Cholecystectomy + appendectomy

Was an operation performed? yes Date of 3/25/37

For what disease or injury? Cholecystitis + Cholelithiasis

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Wyeth T. Ford M. D.

(Address) asst supt Univ Hosp Balto.

M. D. B 1268-9

F 34097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-5

F 34097

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 520 W. Mulberry St. St. 17-1 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas ONeil

If U. S. Veteran specify WAR .....

(a) Residence: No. 520 W. Mulberry St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara ONeil

6. DATE OF BIRTH (month, day, year) Aug. 29, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employed by City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Thomas ONeil

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hodges

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. J. Carter

(Address) 1013 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Apr. 3. 1937

19. UNDERTAKER Fred A. Kramer Son

(Address) 1116 S. Charles St.

20. FILED APR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, ... (Signed) R. K. Gallan M. D.

Coroner

(Address) 2707 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 34098

34098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N Stricker St. 16-2 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Alton

(a) Residence: No. 1118 N Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Alton

6. DATE OF BIRTH (month, day, year) May 5 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Alton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Elizabeth Alton

(Address) 1118 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date March 3, 1937

19. UNDERTAKER George H. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED MR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence thereon and from (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Embolism	March 29 1937
Pneumonia	

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. L. Allen Coroner, M. D.

(Address) 501 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

F 34099

34099 HEALTH DEPARTMENT—CITY OF BALTIMORE

32558

V 54-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 16-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Queen Esther Lipscomb

(a) Residence: No. 925 N Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/16/92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
44	44		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Eulah Lipscomb

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie Broxton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/2/37

19. UNDERTAKER Thos. E. Kelson

(Address) 1003 Freestman st.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 19 37 to Mar 30 19 37

I last saw h.. alive on Mar 30 19 37 Death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis chronic

Endocarditis, chronic

Coronary thrombosis

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 23, 1937

For what disease or injury? Myocarditis chronic

Name of operation Hysterectomy, Salpingectomy bilateral

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Howard W Jones M. D.

(Address) Johns Hopkins Hosp Balto

PR 2 - 1937

11

F 34100

34100 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Thames St 3-2 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John V. Kuhls

(a) Residence: No. 1500 Thames St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Kuhls

6. DATE OF BIRTH (month, day, year) Dec 17/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Kuhls

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise E. Gubrecht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Kuhls
(Address) 1500 Thames St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 4/2/37, 19

19. UNDERTAKER Phillips Herring Sons
(Address) 2016 Eastern Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 28, 1937, to March 31, 1937

I last saw him alive on March 31, 1937. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis 1 year	
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) J. H. L. Valentine M. D.

(Address) 16 So Howard

OCCUPATION is very important. See instructions on back of certificate.

2-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34101

CERTIFICATE OF DEATH

✓ F 34101 21621

Registered No. 951

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Belto. City Hospitals~~ St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ~~Eliza Martin~~

(a) Residence: No. ~~1500 Butler St.~~ St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~female~~	~~colored~~	wid w

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ~~William (c)~~

6. DATE OF BIRTH (month, day, year) ~~April~~ 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	86	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ~~Jas~~ Cooper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Cooper

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 4/2/37 19

19. UNDERTAKER ~~Jno.~~ Geo. H. Holland
(Address) 1631 Rund Park Ave

FILED 4-2-1937 ~~C. Lyle Williams~~ (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1937 to 3-29, 1937

I last saw ~~her~~ alive on 3-29, 1937 Death is said to have occurred on the date stated above, at 11 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic heart disease c failure	8 days
Other contributory causes of importance: Arteriosclerotic gangrene of foot	8 mos

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, state how

(Signed) M A Hoagey M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 34102

34102 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wm Mem Hospital St., 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Beasie M Burroughs

If U. S. Veteran specify WAR

(a) Residence: No. Parkwood Apt Ballamore Ward. Charles & Franklin Sts

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dwight Burroughs

6. DATE OF BIRTH (month, day, year) April 19-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm G. Young.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Carrie Seabrook

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Bell Thomas 1500 Edmondson Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Edmondson Date April 3rd 19 37

19. UNDERTAKER Bertram Dyke

(Address) 2400 W. Baltimore St.

FILED ..... 19..... Registrar

PR 2 - 1937 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28 1937 to April 1 1937

I last saw h... alive on April 1 1937 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	(2 Ds.)
Other contributory causes of importance: Pneumonia Mucosa type Both Lungs	1903

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H Riser M. D.

(Address) Union Memorial Hosp

F 34103

F 34103 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X √48

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. 2nd Eden + Caton ave. St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Dora Ossman

If U. S. Veteran specify WAR .....

(a) Residence: No. Fulton, Howard Co., Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	11	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home,

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick L. Ossman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Peters

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm G. Ossman

(Address) Fulton Md.

18. BURIAL, CREMATION, OR REMOVAL

Mt Pisgah Cem. Howard Co Apr. 4/37

(Date)

19. UNDERTAKER Lloyd Laird

(Address) Laurel Md.

20. [illegible] Huntington Williams, M.D.

2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-27-, 1937 to 4-2-, 1937

I last saw her alive on 4-2-37, 19.... Death is said to have occurred on the date stated above, at 1205 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1930
	1935

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. J. Williamson, M. D.

(Address) St Agnes Hosp

F 34104

34104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Julia Davis (Julia Alice Davis)

(a) Residence: No. 5205 Edmondson ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Howard W. Davis

6. DATE OF BIRTH (month, day, year) October 7th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William T. Ward

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Deborah Crowell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mabel E. Magersupp

(Address) 5205 Edmondson Avenue.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date April 3rd 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED APR 2 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 20 1937 to APRIL 1 1937

I last saw her alive on APRIL 1 1937 Death is said to have occurred on the date stated above, at 10:35 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INTESTINAL OBSTRUCTION	1936
PERFORATED INCARCERATED INGUINAL HERNIA RT. INGUINAL ABSCESS	DEC'd

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Roland E. Brieux M. D.

(Address) University Hospital

34105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34105

CERTIFICATE OF DEATH

Registered No. 20-4 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2514 McHenry St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Jacob Kramer

(a) Residence: No. 2514 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederica S. Kramer

6. DATE OF BIRTH (month, day, year) June 9, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	21 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hardford County Md.

FATHER

13. NAME Jacob Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Rearick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Frederica S. Kramer 2514 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date 6/2/37. 19

19. UNDERTAKER (Address) Frederick A Dale 1200 W. Lombard St.

20. FILED 6-2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 31 Mar. 1937

22. I HEREBY CERTIFY, That I attended deceased from 28 Mar. 1937 to 31 Mar. 1937

I last saw h[illegible] alive on 31 Mar. 1937. Death is said to have occurred on the date stated above, at 11[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with hypertension.	1933
Other contributory causes of importance: Cerebral Hemorrhage	28/3/37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Vance Hooper M. D.

(Address) 2565 Frederick Ave.

Spec.—12-8-25—A Co.—200 Eks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34106

CERTIFICATE OF DEATH.

46-cc

F 34106

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 101 West Monument Sr St., 11-2 Ward)

2-FULL NAME Lellah Miles Bassett.

(a) RESIDENCE NO. 101 West Monument St St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

3a If ~~married~~, widowed, or ~~divorced~~ DESCRIBED of (or ~~wife of~~) Harry J. Bassett.

6 DATE OF BIRTH (month, day, and year) Sept 8, 1857

7 AGE	Years	Months	Days	IF LESS than 1 day..... hrs. or.....min.
79	80	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9 BIRTHPLACE (city or town) Cold Water

(State or country) Michigan

PARENTS

10 NAME OF FATHER Does Fridley Miles

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Mankins, N. Y.

12 MAIDEN NAME OF MOTHER Harriett Anne Fiske

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Not Known

14 Informant Miss Bertha Bassett (daughter)

(Address) 10, W. Monument St.

15 Filed R 2 - 1937 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 2, 1937 19

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1931 to April 2, 1937, that I last saw h__ alive on April 1, 1937, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Carcinoma of Sigmoid Flexure Junction of Intestine

(duration) 2 yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 20 yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Arthur Chas. Kenney M. D.

4/2 1937 (Address) 10 W. Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cold Water-Mich. Date of Burial Apr-7 1937.

20 UNDERTAKER Stewart & Co ADDRESS 108 W Mont

Very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34107 ✓ F 34107

CERTIFICATE OF DEATH

94-B

Registered No. 22-19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5702 Park Heights St. (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha L. Hoos

(a) Residence: No. 5702 Park Heights St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry L. Hoos

6. DATE OF BIRTH (month, day, year) July 22-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Edward F. Wagner

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Christina Kemmerich

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr. Harry L. Hoos (Address) 5702 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr 2- 1937

19. UNDERTAKER: J. B. Hisbet & Son (Address) 3300 Eutaw Place

20. FILED APR 2 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30 1937

I HEREBY CERTIFY, That I attended deceased from Dec 9 1936 to March 30 1937.

I last saw her alive on March 29 1937. Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	

Other contributory causes of importance:

Senile Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward F. Wagner M. D.

(Address) 1219 Poplar Grove St.

F 34108 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 34108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Edmondson Ave St. 70-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 6 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR None.

2. FULL NAME Andrew C. White

(a) Residence: No. 1803 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15-1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter. 1050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh - N. C.

FATHER

13. NAME Louis H. White.

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Margaret A. White.

16. BIRTHPLACE (city or town) (State or country) Dover - N. C.

17. INFORMANT Mrs. Lena Loupdeimes.
(Address) 704 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date April 3; 1937

19. UNDERTAKER Charles J. Schaub.
(Address) 505 N. Monroe St.

2-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1937 to April 1, 1937

I last saw h in alive on April 1, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia. Bilateral.	7 da.
Other contributory causes of importance: Cardiac Insufficiency.	1 da.
C.P.C. & Lungs.	1 da.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. W. Dorsey, M. D.

(Address) 816 N Fulton Ave.

Spec.—9-30—A & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34109

CERTIFICATE OF DEATH.

93-C

F 34109

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 S. Ann St. ST. 7-3 WARD)

2. FULL NAME Vincent Makowiecki

(a) RESIDENCE NO. 527 S. Ann St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 63 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced. (write the word): Married

5a. If married, widowed, or divorced HUSBAND of: Konstancya

6. DATE OF BIRTH (month, day, and year): July 9th 1861

7. AGE: Years 70 Months 8 Days 22. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Germany.

PARENTS

10. NAME OF FATHER: Andrew Makowiecki

11. BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12. MAIDEN NAME OF MOTHER: Anastazya Chmurzynska

13. BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14. Informant: Konstancya Makowiecki

(Address) 527 S. Ann St.

Filed 2-1937

Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day, and year): April 1, 1937.

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1934 to April 1, 1937

that I last saw him alive on April 1, 1937

and that death occurred, on the date stated above, at 5:45 p.m.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis Hypertension.

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John V. Szerbicki M. D.

19 (Address) 1802 Easter Ave.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery

DATE OF BURIAL: April 7th 1937

20. UNDERTAKER: George A. Wilbur

ADDRESS: 700 S. Ann St.

34110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34110

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Bruce St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Milburn

If U. S. Veteran specify WAR .....

(a) Residence: No. 627 Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME Charles Milburn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kattie Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Milburn
(Address) 627 Bruce st

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 4/5 1937

19. UNDERTAKER Williams & Jackson
(Address) 716 Edmondson ave

20. FILED ... 19 ... Registrar.

4-2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937 to April 1, 1937

I last saw h.... alive on April 1, 1937. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Arteriosclerotic Heart Disease	?
Senility	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert J Shentag, M. D.

(Address) 2205 Edmondson Ave

M. D. B 1268-9

34111

HEALTH DEPARTMENT—CITY OF BALTIMORE 34111

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Guilford St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Albert Watkins

If U. S. Veteran specify WAR None

(a) Residence: No. 3119 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lavinia E. Watkins

6. DATE OF BIRTH (month, day, year) April 5 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Leonard Greene Watkins

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Virginia Hall

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lewis A. Watkins

(Address) 3119 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rudolph Apr Date Apr 2 1937

19. UNDERTAKER W. J. Sturgeon & Sons

(Address) North & Pa Ave

FILED APR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937

22. I HEREBY CERTIFY, That I [illegible] visited the remains described above, held an [illegible] thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound head	3/31/37
Cancer of Bladder	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Viewed Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 3/31 1937

Where did injury occur? 3419 Guilford Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In house. 3419 Guilford Ave

Manner of injury Shot self through head with Pistol

Nature of injury Brain trauma

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D. Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

E 34112

34112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Park ave. 11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR World War

2. FULL NAME Mary Eleanor Pope

(a) Residence: No. 700 Park Avenue St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wh.	Widower

5a. If ~~married~~ widowed, ~~divorced~~ ~~BY GRANT~~ of (or) WIFE of Capt Geo Upshur Pope

6. DATE OF BIRTH (month, day, year) Jan. 23, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md Maryland

FATHER

13. NAME Charles Henry Riley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Laura Bolton Simmons

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Eleanor Pope
(Address) 700 Park Ave. Baltimore

18. BURIAL, CREMATION, OR REMOVAL Arlington Va.
Place Arlington Cemetery Date April 3 1937

19. UNDERTAKER Henry H. Jenkins Sons & McCulloch & Richardson
(Address)

20. FILED 19 Registrar

R 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-10 1937 to 4-1 1937

I last saw h ER alive on 3-31 1937 Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CIRRHOSIS OF LIVER	1935 ?
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Torsey M. D.

(Address) 1129 St. Paul St.

F 34113

34113 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2839 W. Lanvale St., 16-6 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Foley Russell

(a) Residence: No. 2839 W. Lanvale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Hergesheimer

6. DATE OF BIRTH (month, day, year) Aug. 15, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0027

10. Date deceased last worked at this occupation (month and year) Sept. [illegible], 32

11. Total time (years) spent in this occupation 53Yrs.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Eugene J. Russell

14. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER

15. MAIDEN NAME Susan Hedley

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Miss Ada Hedley (Address) 2839 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Apr. 3 1937

Henry Sander & Son, Inc. Geo. T. Linder

19. UNDERTAKER (Address) Broadway & Baltimore St.

20. FILED Apr 2 1937 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 1937 to Mar 31 1937

I last saw him alive on Mar 30 1937 Death is said to have occurred on the date stated above, at 11:15 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Other contributory causes of importance: Senile myocarditis. Arteriosclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edward L. Packard M. D.

(Address) 1219 Poplar Grove St

34114 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34114

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-26 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Utermahler

(a) Residence: No. Union Bridge, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Utermahler

6. DATE OF BIRTH (month, day, year) Dec. 21 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	3	810	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bark Hill Carroll County

FATHER

13. NAME Jackson Hahn

14. BIRTHPLACE (city or town) (State or country) Bark Hill Carroll County

MOTHER

15. MAIDEN NAME Genevieve Everard

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles Utermahler

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Jackson Cemetery Date Apr 4 1937

Uniontown Md

19. UNDERTAKER Raymond K Wantz

(Address) Union Bridge, Md.

20. FILED 19

R 2 - 135

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1937

22. I HEREBY CERTIFY, That I attended deceased from February 23 1937 to April 1 1937

I last saw her alive on April 1 1937 Death is said to have occurred on the date stated above, at 5 25 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Hemorrage	4/1/37
Broncho pneumonia	

Other contributory causes of importance:

Cholecystitis Chronic	1935
Septicaemia - streptococcic	3/28/37

Was an operation performed? Charles street Date of

For what disease or injury? Chronic Cholecystitis

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph E. Bosh M. D.

(Address) University Hospital

34115 # 18861 F 34115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Connerty

If U. S. Veteran specify WAR

(a) Residence: No. 913 Fell St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-6-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Patrick (Dead)

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Laura Morgan

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date 4 - 2 1937

19. UNDERTAKER J. J. Zahn & Sons
(Address) 1313 Light St

20. FILED 19

APR 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 - 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 11 - 20 1936 to 3 - 27 1937

I last saw him alive on 3 - 27 1937 Death is said to have occurred on the date stated above, at 10:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastasis	2 yrs
Other contributory causes of importance: Cachexia	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. G. Brautigan M. D.

(Address) Baltimore City Hospitals

Frances Furey

34116 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34116

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Penhurst Ave. St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Furey

If U.S. Veteran specify WAR .....

(a) Residence: No. 3803 Penhurst Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Furey

6. DATE OF BIRTH (month, day, year) August 26, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Foreman Kaehler

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs. C. F. Sickels

(Address) 3803 Penhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland, Ohio Date April 5, 1937

19. UNDERTAKER Lord & Hook

(Address) 1035 E. Baltimore St.

20. FILED APR 5 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936, to April 2, 1937

I last saw her alive on April 1, 1937. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - sigmoid	6-15-36

Other contributory causes of importance:

Was an operation performed? yes - Date of Sept 1-36

For what disease or injury? Carcinoma - sigmoid

What test confirmed diagnosis? microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard J. Warner M. D.

(Address) 2604 Garrison Blvd.

F 34117

34117 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 94-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 241 Harrison St., 4-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Therese Hellman
If U.S. Veteran specify WAR

(a) Residence: No. 241 Harrison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louis

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT May Reel
(Address) 241 Harrison St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date April 2, 1937

19. UNDERTAKER Sol Levinson Bros
(Address) 1127 E Baltimore St

20. FILED APR 2 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1937, to 4/2, 1937

I last saw her alive on 4/1, 1937 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Homatein, M. D.

(Address) 733 Argyle St

F 34118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34118

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Eckmeyer Jr.

If U.S. Veteran specify WAR ....

(a) Residence: No. Rosedale 2nd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gardening

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Henry Eckmeyer

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Barbara Ross

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry Eckmeyer

(Address) Philadelphia Road Long Green

18. BURIAL, CREMATION, OR REMOVAL

Place (Green Lawn) Date Apr 4 1937

19. UNDERTAKER John Ulrich

(Address) 2016 Aliceanna St

20. F 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1937 to April 1, 1937

I last saw him alive on April 1, 1937 Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver ??	7 mos ?
secondary Anemia	
Other contributory causes of importance:	
Ischio-rectal Abscess	1 wk

Was an operation performed? Yes Date of Mar. 20, 37

For what disease or injury? Ischio-rectal Abscess

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Slothower M. D.

(Address) St Joseph's Hosp.

F 34119

34119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Burkett Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 214 Colgate Ave St., Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Schoolboy

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6-1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Burkett

14. BIRTHPLACE (city or town) (State or country) Hartwell Ga.

MOTHER

15. MAIDEN NAME Lucia Vandiver

16. BIRTHPLACE (city or town) (State or country) Anderson S.C.

17. INFORMANT Father

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Anderson S.C. Date April 2 19 37

19. UNDERTAKER John Elliott

(Address) Dundalk Md

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937 to April 1, 1937

I last saw h[illegible] alive on April 1, 1937 Death is said to have occurred on the date stated above, at 9.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia by failure	
Pneumococcic Meningitis	3/24/37
Pneumococcic Septicemia	3/29/37
Otitis Media	3/26/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Thurston Jr. M. D.

(Address) Detroit Mich.

2 1937

VS 3

34120 F 34120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210M

1. PLACE OF DEATH Provident Hosp

CITY OF BALTIMORE: (No.) St., 14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Hall

(a) Residence: No. 1536 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husband

6. DATE OF BIRTH (month, day, year) - - 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None reported

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home duties

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Hester Jackson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Eliz Carter
(Address) 1300 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 4/2/37

19. UNDERTAKER J. H. Holland
(Address) 1737 Druid Hill Ave

20. FILED 4 2 1937 Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broc Pn following Influenza	3/27
Other contributory causes of importance Sec Hypertension Stroke Coronary	3/27

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Sec Date of injury 3/27, 1937

Where did injury occur? Front 1608 Pa Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Stepped off curb into path of auto

Nature of injury Auto

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Bentley Tuto M. D.
Coroner

(Address) 407 N Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34121

CERTIFICATE OF DEATH 20009 137

F 34121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1897 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank Spencer

(a) Residence: No. 835 W. Fairmount Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sara (D)

6. DATE OF BIRTH (month, day, year) 3-21-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Henry (D)

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Eliz. Davis

16. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place U.S. National Date 4/2/1937

19. UNDERTAKER Chas. E. Fetch
(Address) 514 N. Eutaw St.

FILED APR 2 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1937, to March 16, 1937. I last saw him alive on March 16, 1937. Death is said to have occurred on the date stated above, at 4:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	1-1-37
Other contributory causes of importance: Benign hypertrophy of prostate gland	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Basil Diapetanthis, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34122

CERTIFICATE OF DEATH

107-a V F 34122

Registered No.

1-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 S. Duncan St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Theodore Dzpatura

If U. S. Veteran specify WAR

(a) Residence: No. 327 S. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4 1935

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	2		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Dzpatura

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Justyna Reguła

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Michael Dzpatura

(Address) 327 S. Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Hampstead (Cemetery) April 3. 1937

19. UNDERTAKER John M Weber

(Address) 40 [illegible]

20. FILED APR 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28. 1937 to April 2 1937

I last saw h[illegible] alive on April 2 1937. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	March 26

Other contributory causes of importance:

none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 126 S. Patterson Park Ave

F 34123

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34123

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH Union Memorial Hospital Registered No.

CITY OF BALTIMORE: (No. 12-6 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds, How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Eusminger

If U. S. Veteran specify WAR

(a) Residence: No. 103 W. 29th St. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	77/8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME H. Harry Eusminger

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Virginia Parrish

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT (Address) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 2 - 1937, 19

19. UNDERTAKER (Address) Commissioner of Health

For M. A. Moore

20. FILED 19 [illegible] Registrar

2, 1937

SP.31 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, ye) April 1 — 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1937 to April 1 1937

I last saw h[illegible] alive on April 1 1937 Death is said to have occurred on the date stated above, at 5.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Jan 13 37
Other contributory causes of importance:	
	none

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

F 34124

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34124

CERTIFICATE OF DEATH

34-C-117-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Cram

(a) Residence: No. 109 N. Fulton ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beatrice Cram.

6. DATE OF BIRTH (month, day, year) Sept. 27 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7	6	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hat Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hat

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME John W. Cram

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Christine Fulton.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Beatrice Cram (Wife)
(Address) 109 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date Apr 5 37

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 405 Park Ave

20. FILED 2 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24 . 1937 to April 2 . 1937
I last saw him alive on April 2 . 1937. Death is said to have occurred on the date stated above, at 1.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension	
2 Ulcer of duodenum perforated	
Syphilis of aorta	
Generalized peritonitis	

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul W Spear M. D.

(Address) Sinai Hospital

M. D. B 1268-9

(King)

F 34125

34125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Died in Taxi Cab at Charles and 11th Regular

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

If U. S. Veteran, specify WAR [illegible]

2. FULL NAME Sophia B. Spring

(a) Residence: No. 1529 11th St., [illegible] Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert L. Spring

6. DATE OF BIRTH (month, day, year) April 27 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Evans

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Fanny Travis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Emma L. French

(Address) 5024 Ballard Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date April 3 1937

19. UNDERTAKER John Cusick

(Address) 2200 Eutaw Pl.

20. FILED APR 2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said [illegible] find that said deceased came (Inquest, Autopsy or Inquiry) death on the day stated above. 10:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? [illegible] Date of [illegible]

For what disease or injury? [illegible]

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible]

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible]

If so, specify [illegible]

(Signed) Adam Leonard M. D. Coroner

(Address) 1245 Hanover

F 34126

34126 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 203-F

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Allen Brown Mayo

(a) Residence: No. 214 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 3, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Richard Mayo

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Maude Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Maude Brown
(Address) 505 N. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 4/3 1931

19. UNDERTAKER Joseph G. Locke
(Address) 1302 Jefferson St.

Registrar

2 1931

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/30/1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull (Compound) — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/30/1931

Where did injury occur? 632 S. President St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Place of Employment

Manner of injury Fell down elevator shaft.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1419 E. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34127 93-D F 34127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4936 Park Heights Ave. Ward) 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie M. Nixon

(a) Residence: No. 4936 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Nixon

6. DATE OF BIRTH (month, day, year) 2/16/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick L. Detering

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline Imbsultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Helen N. Strauss

(Address) 4936 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 3/3/37

19. UNDERTAKER J. J. Tobey & Sons

(Address) 13 & Light

2 1937 FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Annie June, 1931, to April 1, 1937

I last saw h[illegible] alive on April 1, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	2 wks

Other contributory causes of importance:

Arteriosclerosis	6 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lewis Whitehorn M. D.

(Address) 1810 Eutaw Place

F 34128

34128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 161-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 20-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 days. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME: Baby PATRICIA RILEY

(a) Residence: No. 2314 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Feb. 27th 1937

7. AGE: Years — Months 1 — Days 6 5 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John J. Riley
14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Emily F. Rose
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs. Emily F. Riley
(Address) 2314 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Apr. 3, 1937

19. UNDERTAKER: George L. Lehmat
(Address) 510 Frederick Ave

20. FILED: 19 ... Registrar.

APR 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): APRIL 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1937 to APRIL 2, 1937

I last saw her alive on APRIL 2, 1937 Death is said to have occurred on the date stated above, at 5 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
SEPSIS OF NEW BORN	2-28-37
SEPTICEMIA	3-9-37
MALNUTRITION & DEHYDRATION	3-9-37
ICTERUS NEONATORUM.	3-9-37

Other contributory causes of importance:

Was an operation performed? NO Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? CLIN + LAB Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ...

(Signed) Charles L. Gotham M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34129

CERTIFICATE OF DEATH

46-B F 34129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 S. Fulton ave St., 19-4 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen J. Oneill

If U. S. Veteran specify WAR .....

(a) Residence: No. 19 S. Fulton ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Murphy Oneill

6. DATE OF BIRTH (month, day, year) Jan 16, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
51	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Stephen J. Oneill

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Rachel Mooney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Mary Oneill

(Address) 19 S. Fulton ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date April 5 1937

19. UNDERTAKER Margaret G. Flynn

(Address) [illegible]

20. FILED APR 2 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/18 1937 to 4/1 1937

I last saw h[illegible] alive on 4/1/37 Death is said to have occurred on the date stated above, at 4:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic Nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel O. Shanahan M. D.

(Address) 1965 W. Pratt St.

Daniel O. Shanahan

M. D. B. 1268-0

F 34130

34130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 705 Winston Ave. (St.) (Ward) 27-10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry S. Randall,

(a) Residence: No. 705 Winston Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alda L. Randall,

6. DATE OF BIRTH (month, day, year) October 5, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 43 Years

12. BIRTHPLACE (city or town) (State or country) Bucks Co. Penna.

FATHER

13. NAME Charles P. Randall,

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Rachel C. Serch,

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs Alda L. Randall,
(Address) 705 Winston Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date APR 3 1937

19. UNDERTAKER S. A. Smith
(Address) 2700 Edmondson Ave.

20. FILED APR 2 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937 to April 1, 1937

I last saw him alive on March 31, 1937. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/29/37
Other contributory causes of importance: Chronic Nephritis	10 Yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Clark T. Benson, M. D.

(Address) 5011 York Rd

34131 ✓ F 34131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Brighton St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis M. Clapsaddle.

If U. S. Veteran specify WAR

(a) Residence: No. 3010 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sugar Clapsaddle

6. DATE OF BIRTH (month, day, year) December 24. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City.

FATHER

13. NAME Frank Clapsaddle,

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs An Clifton,
(Address) 3010 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Taneytown Md. Date APR 4 1937

19. UNDERTAKER Geo H Little
(Address) 3700 Edmondson ave

20. FILED APR 2 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1936 to April 2 1937

I last saw h alive on April 2. 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Long standing
Generalized Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathaniel M Beck M. D.

(Address) 2727 E. Chase St.

Spec.—9-30—A. & Co.—250 Blks.

34132

✓ F 34132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2703 Southern Ave ST. 27-2 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Julius Neubert

(a) RESIDENCE NO. 2703 Southern Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

no work.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rosa B. Neubert

6 DATE OF BIRTH (month, day, and year) Aug 24. 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Fire Dept

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Neubert

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Spaith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Rosa B. Neubert

(Address) 2703 Southern Ave.

Filed 2 1931, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 1. 1937.

17

I HEREBY CERTIFY, That I attended deceased from March 26th 1937. to April 1st 1937.

That I last saw h[illegible] alive on April 1st 1937

and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no. Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) K. L. Gordy M. D.

4-1. 1937 (Address) 5106 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL Apr. 5th 1937

20 UNDERTAKER Mrs. John H. Tenfelden

ADDRESS 501 W. Fayette St

✓ F 34133

F 34133 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2646 E. Oliver St. 8-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Robert E. Hough

(a) Residence: No. 2646 E. Oliver St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2. 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William E. Hough

14. BIRTHPLACE (city or town) (State or country) S. Carolina

15. MAIDEN NAME Lillian M. Kispert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT William E. Hough
(Address) 2646 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr 3 1937

19. UNDERTAKER Jno. Mus. John W. Penfold Son
(Address) 501 W. Lafayette St.

APR 2 1937 Filed ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30 1937 to April 1 1937

I last saw him alive on March 31 1937 at 4:30 a.m. Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/29/37
Acute Cardiac Dilatation	3/31/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Fred Johns M.D.

(Address) 600 Washington Ave

34134 ✓ F 34134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Laynen Ave & Dukeland St. | Ward) | | (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adolf Thiebe — If U.S. Veteran specify WAR .....

(a) Residence: No. 739 West Hamburg St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 7. 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50 88

10. Date deceased last worked at this occupation (month, day, year) Jan 1927

11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME [illegible] Ferdinand Thiebe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME [illegible] Dora Less

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frida Winter

(Address) 782 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 5 1937

19. UNDERTAKER Jno. Mus. John W. Riefle & Son

(Address) 801 W. Fayette St.

20. FILED Apr 6 1937 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25th 1937 to April 2nd 1937

I last saw him alive on April 2nd 1937 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease	?
Hypertrophy (benign) of prostate	1934
Other contributory causes of importance: Thrombophlebitis rt leg.	Mar 1st 1937
Uremia	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. S. Gunkel M. D.

(Address) West Balto. General Hosp.

34135

✓ F 34135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(if death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 E Lanvale St. 8-5 Ward)

Length of residence in city or town where death occurred V.V yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marcia E. Kirby

If U. S. Veteran specify WAR .....

(a) Residence: No. 2008 Eldlewood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Grayton Kirby

6. DATE OF BIRTH (month, day, year) Jan 17 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	18	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trenton New Jersey

FATHER

13. NAME Ellett Tucker

14. BIRTHPLACE (city or town) (State or country) Trenton New Jersey

MOTHER

15. MAIDEN NAME Mary Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Trenton New Jersey

17. INFORMANT Harry Irvin Kirby

(Address) 3825 Elmley ave

18. BURIAL, CREMATION, OR REMOVAL Parkwood cemetery Date April 5 1937

19. UNDERTAKER Chas. G. Black

(Address) 142 W. North ave

2 1937 Huntington Embalming Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1937 to April 1 1937

I last saw her alive on Feb 8 1937. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	4/1/37
Other contributory causes of importance: Chronic Myocarditis	5/1/36

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Gill Hall, M. D.

(Address) 1631 E North Ave

34136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34136

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Paul De Mare

If U. S. Veteran specify WAR .....

(a) Residence: No. Perryville, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3½	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton, Md.

FATHER

13. NAME Carmel F. De Mare

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Louise Smith

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Carmel F. De Mare

(Address) Perryville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Perryville, Md Date Apr 3 1937

19. UNDERTAKER Sears Patterson

(Address) Perryville, Md.

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1937 to April 3, 1937

I last saw h[illegible] alive on Apr. 3, 1937 Death is said to have occurred on the date stated above, at 2.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3-9-37
Lung Abscess	3-24-37
Pyopneumothorax	3-26-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-27-37

For what disease or injury? Pneumothorax

Name of operation Thoracentesis & drainage

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

M. D. B. 1268-9

F 34137

34137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8-1 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1730 E. Oliver St. (St.) 8-1 (Ward)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Horst

(a) Residence: No. 1730 E. Oliver St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie M. Horst.

6. DATE OF BIRTH (month, day, year) July 28, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Distillery

10. Date deceased last worked at this occupation (month and year) 5 wks

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Frankford, Main Germany

FATHER

13. NAME Conrad Horst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Laendler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary A. Brown

(Address) 1730 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 5, 1937

19. UNDERTAKER Howard V. Bright Sr.

(Address) 4914 Belair Road.

20. FILED April 5 1937 [illegible] Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 37 to April 2 37

last saw h[illegible] alive on April 1 1937 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Acute Nephritis	about Jan 37
Cerebral Hemorrhage	
Other contributory causes of importance:	
Acute Cardiac Dilatation	1937

Name of operation None Date of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1200 N. Belair Road

18078 ✓ F 34138

34138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 16-3 ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Jackson
If U. S. Veteran specify WAR .....

(a) Residence: No. 1621 Harlem Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pedro Jackson

6. DATE OF BIRTH (month, day, year) 4-?-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Isaac Russell
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mandy Bagby
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Apr 5 1937

19. UNDERTAKER Samuel H. Rose & Son
(Address) 638 N. Gilmor

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-20 1936 to 4-2 1937
I last saw h.e.r. alive on 4-2 1937 Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio - Vascular Renal Dis.	2½ yrs.

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John F. Ramey M. D.
(Address) Baltimore City Hospital

5-1937

F 34139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a F 34139

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 647 W. Fayette St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Josephine Tasanowsky

(a) Residence: No. 647 W. Fayette St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Tasanowsky

6. DATE OF BIRTH (month, day, year) ? - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT John Grebliauckas
(Address) 723 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 5 1937

19. UNDERTAKER John Grebliauckas
(Address) 723 S. Paca St

20. FILED April 2 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30 . 1937 to April 1 . 1937

last saw her alive on April 1st . 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	[illegible]
Other contributory causes of importance: Pulmonary Edema	[illegible]

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Harry Glassman M. D.

(Address) 765 W. Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34140 — CERTIFICATE OF DEATH — 82-W — F 34140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Mcbullot St. 14-2 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Sylvester W. Gross

(a) Residence: No. 1614 Mc Culloh St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Gross

6. DATE OF BIRTH (month, day, year) Aug 27, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher & architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 26 1937

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Savannah Ga

FATHER

13. NAME Sylvester W. Gross

14. BIRTHPLACE (city or town) (State or country) Savannah Ga

MOTHER

15. MAIDEN NAME Martha Gross

16. BIRTHPLACE (city or town) (State or country) Savannah Ga

17. INFORMANT Marion Gross (Address) 1614 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date 4/3/37 19

19. UNDERTAKER Mrs. Hugo H. Holland (Address) 1231 Druid Hill Ave

20. [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937 to March 31, 1937

I last saw h[illegible] alive on March 31, 1937 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	3/31/37
	about
Other contributory causes of importance: Essential Hypertension	

Was an operation performed? no Date of —

For what disease or injury? no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George McDonald M. D.

(Address) 5747 Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34141 F 34141

CERTIFICATE OF DEATH

8-7 45-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 N. Broadway 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Grafton Canoles

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1309 N. Broadway, Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Harry W. Canoles Jr

6. DATE OF BIRTH (month, day, year) July 12th 187[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME William R Webb

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosetta Grafton

16. BIRTHPLACE (city or town) Galveston (State or country) Texas

17. INFORMANT Chas W. Canoles

(Address) 1309 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date Apr'l 23rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

FILED APR 3 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18, 1937 to April 1st 1937

I last saw h[illegible] alive on Mar. 31st 1937. Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx metastases to Esophagus & Stomach	
Other contributory causes of importance: Bronchial Pneumonia	

Was an operation performed? No. Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Abigail Fitton M. D.

(Address) 1306 E. Chase

F 34142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34142

87-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Springdale St. 28 - 2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Olevia Bacon Hunter

If U. S. Veteran specify WAR No

(a) Residence: No. 4302 Springdale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced: (a) HUSBAND of (or) (b) WIFE of John B. Hunter

6. DATE OF BIRTH (month, day, year) Apr. 9, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month, day, year) Jan. 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Whitehall Baltimore Co.

FATHER

13. NAME Wm. Bacon

14. BIRTHPLACE (city or town) (State or country) Monkton Maryland

MOTHER

15. MAIDEN NAME Martha Green

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Maryland

17. INFORMANT Mrs. Leulla B. Hunter (Address) 4302 Springdale St.

18. BURIAL, CREMATION, OR REMOVAL Place Vernon, Balto Co. Date April 6, 1937

19. UNDERTAKER Wm. C. Burns & Son (Address) Hamilton, Md.

20. FILED 3-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937 to April 2, 1937

I last saw h[er] alive on March 31, 1937. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral softening	1934
Terminal Cardiac failure	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George M. Little, M. D.

(Address) 1438 Maryland Ave Balto.

✓F 34143

34143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1685 Clifton St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Reinhardt John Schneider

If U. S. Veteran specify WAR .....

(a) Residence: No. 1685 Clifton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 6 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ABLE

10. Date deceased last worked at this occupation (month and year) Fall 1929

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Feagle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Schneider

(Address) 1685 Clifton (sister-in-law)

18. BURIAL, CREMATION, OR REMOVAL

Funeral Parlor Date: 4-5 1937

19. UNDERTAKER Leonard J Rench

(Address) 1305 Hanford Rd

4-8-1937 Attending Physician or Midwife

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to April 1, 1937

I last saw h[illegible] alive on April 1, 1937. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, Hypostatic	2d
Pneumonia, Mitral Regurgitation	2d
Acute Oedema of Lungs	1d.

Other contributory causes of importance:

Chronic Interstitial Nephritis	2d.

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation None Date of .....

What test confirmed diagnosis? Urinalysis Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) 5 hrs. F A Stearns, M. D.

(Address) 2878 Harford Rd

✓ F 34144

34144 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 22256 107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 21-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Hillary

(a) Residence: No. 1173 W. Hamburg St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (D)

6. DATE OF BIRTH (month, day, year) 9-1-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Hillary

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem. Date April 3 1937

19. UNDERTAKER Ambrose Inc. (Address) 1017 W Cross St

20. FILED 4-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1937 to 4-1 1937

I last saw h.im alive on 4-1, 1937 Death is said to have occurred on the date stated above, at 12.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	6 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospital

F 34145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B F 34145

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Holbrook St St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Henry Bates

(a) Residence: No. 1008 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Isabelle McCarthy

6. DATE OF BIRTH (month, day, year) Aug. 20, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Maryland

MOTHER FATHER

13. NAME Bates

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Address) Mr. John W. Bates 1525 Holbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Birde Date April 3, 1937

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

APR 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1926 to March 31, 1937

I last saw h alive on March 31, 1937. Death is said to have occurred on the date stated above, at 11:?? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Chronic Cardio-vascular disease	5 Yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Linda Thorp M. D.

(Address) Medical Building

34146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F 34146

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred L. Pfeffer

(a) Residence: No. Sollers Point Rd (Dundalk) St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth C Pfeffer

6. DATE OF BIRTH (month, day, year) Jan 4 1865

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Pfeffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth C. Pfeffer
(Address) Sollers Point Rd Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date 4/5/37

19. UNDERTAKER Philip Stewart Sons
(Address) 2016 Eastern Ave

Registrar.

APR 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2/ , 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/24/ , 1937 to 4/2/ , 1937

I last saw h[illegible] alive on 4/2/ , 1937 Death is said to have occurred on the date stated above, at 4.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of the transverse colon	
Arteriosclerotic cardio-vas disease	
Cardiac decompensation	2/24/37

Other contributory causes of importance:

Arteriosclerosis	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benjamin B Moore M. D.

(Address) Sinai Hospital

M. D. B 1268-9

F 34147 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34147

CERTIFICATE OF DEATH

Registered No. 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1457 Parrish St. 15-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6y mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raynold E. Jones If U. S. Veteran specify WAR

(a) Residence: No. 1457 Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jno C. Peterkin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Jones
(Address) 1457 Parrish St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 3 1937

19. UNDERTAKER L. G. Brooks
(Address) 1117 Carey St

FILED 19 Deputy Registrar

3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) A Kann Coroner M. D.

(Address) 1216 Harrison

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34148

CERTIFICATE OF DEATH

95-B F 34148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 400 Myrtle Ave St. | 17 Ward

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George H. Beckett

(a) Residence: No. 400 Myrtle Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Beckett

6. DATE OF BIRTH (month, day, year) 1-20-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. All kinds unskilled work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northampton Co Va

FATHER

13. NAME George Beckett

14. BIRTHPLACE (city or town) (State or country) Northampton Co Va

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Northampton Co Va

17. INFORMANT Helen Beckett (Wife)
(Address) 400 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date April 3 1937

19. UNDERTAKER Chas. H. Cowles & Co
(Address) 614 N. Calhoun St.

20. FILED 3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/31/37. 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1937, to Mar 31, 1937

I last saw him alive on Mar 29, 1937. Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic-heart disease	
Other contributory causes of importance: Exhaustion	

Was an operation performed? NW Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Roy Ferguson Was there an autopsy? NW

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NW If so, specify

(Signed) H. P. Stupples M. D.

(Address) 825 N. Fremont Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

21499

F 34149 CERTIFICATE OF DEATH 82-a F 34149

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Hagan

(a) Residence: No. 1015 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of Marshall E. Hagan

6. DATE OF BIRTH (month, day, year) Sept. 20, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	14	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Daniel Reelkey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
mt Olivet Cem Frederick Md. Date 4/5/ 1937
Place

19. UNDERTAKER John J Cowan & Son
(Address) 901 E Fayette St

APR 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1937 to 4-1 1937

I last saw her alive on 4-1 1937 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia (Primary)	1 day
Other contributory causes of importance: Cerebral Hemorrhage	1 day

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34150

CERTIFICATE OF DEATH

82-W F 34150

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 Baker Street St. 46-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth J. Bealmear

(a) Residence: No. 2914 Baker Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced (or) WIFE of William B. Bealmear

6. DATE OF BIRTH (month, day, year) July 27, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME William B. Brewer

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, Md.

MOTHER

15. MAIDEN NAME Mary E. Rawlings

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co, Md.

17. INFORMANT Mrs. John S. Donnet
(Address) 2914 Baker Street

18. BURIAL, CREMATION, OR REMOVAL Loudon Park. Date April 5, 1937

19. UNDERTAKER Thos. J. Pickney & Sons
(Address) Baltimore, Md.

20. FILED 4-5-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1937 to Apr. 1, 1937

I last saw her alive on Apr. 1, 1937 Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	6 days
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H. Carder M. D.

(Address) 1819 St Paul.

F 34151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5107 Belleville Ave) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Andrew Klinger Sr.

If U. S. Veteran specify WAR

(a) Residence: No. 5107 Belleville Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Margaret Klinger

6. DATE OF BIRTH (month, day, year): Aug. 13, 1863

7. AGE: Years 73 | Months 7 | Days 18 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dairy Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Charles Klinger

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margretta Krobl

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Geo. A. Klinger Jr.

(Address) 5107 Belleville Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: April 5 37

19. UNDERTAKER: Wm. Hickey & Sons.

(Address) Norfolk & Paca Sts.

20. FILED: 3 APR 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to April 1, 1937

I last saw h(im) alive on April 1, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectal Stand — Date of onset

Other contributory causes of importance:

Uremia

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2710 Liberty Hts

F 34152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34152

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St. 27-4 Ward)

Length of residence in city or town where [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Lifetime

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Ruth K Knop

(a) Residence: No. 5613 Hilltop Avenue, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl Knop

6. DATE OF BIRTH (month, day, year) Jan 25-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Harry Feil

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lola Henkle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carl Knop

(Address) 5613 Hilltop Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer April 5 37

(Place) (Date) 19

19. UNDERTAKER Chas F Grace & Son

(Address) 1118 W Mt Royal Ave

4-3-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to April 2, 1937

I last saw her alive on April 2, 1937 Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1929
Hypertension	"
Chronic myocarditis	
Other contributory causes of importance:	
Secondary Anemia	?

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hosp.

F 34153

34153 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Berry St. 13-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Christian P. Christian.

(a) Residence: No. 709 Berry St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 9 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md
(State or country)

FATHER

13. NAME Charles P. Christian.

14. BIRTHPLACE (city or town) md
(State or country)

MOTHER

15. MAIDEN NAME Margaret J. Roff.

16. BIRTHPLACE (city or town) md
(State or country)

17. INFORMANT Margaret J. Christian.
(Address) 709 Berry St

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem Date April 5, 1937

19. UNDERTAKER Chenoweth & Fox.
(Address) 3015-17 Chestnut Ave

FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1935 to April 1, 1937

I last saw h[illegible] alive on March 31, 1937. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	

Other contributory causes of importance:

Pulmonary tuberculosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical exam X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H Mench, M. D.

(Address) 4037 Falls Road

F 34154

HEALTH DEPARTMENT—CITY OF BALTIMORE

34154

CERTIFICATE OF DEATH

13039 107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 13-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1909 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zebediah, Fox

If U. S. Veteran specify WAR

(a) Residence: No. 3500 Ash St., Hampden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jos. Fox

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jane Right

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date April 3, 1937

19. UNDERTAKER Rhenowith & Fox
(Address) 3615-17 Chestnut Ave

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1934 to 4-1, 1937

I last saw h. alive on 7-1, 1937 Death is said to have occurred on the date stated above, at 10:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	4-2 dao
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

F 34155

34155 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Argyle St. 14-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oda Mae Jones

(a) Residence: No. 1420 Argyle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, husband of: Wallace Jones

6b. Maiden name of wife:

7. DATE OF BIRTH (month, day, year): Aug 14 1901

8. AGE: Years 30 29 | Months 7 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Victor, Va

FATHER

13. NAME: John Beale

14. BIRTHPLACE (city or town) (State or country): Victoria Va

MOTHER

15. MAIDEN NAME: Martha Ann Henry

16. BIRTHPLACE (city or town) (State or country): Victoria Va.

17. INFORMANT: Alpal Beale
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hillcrest Va Date April 3rd 1937

19. UNDERTAKER: Jas. H. Stewart
(Address) 1120 Druid Hill Ave

Registered April 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to April 1, 1937

I last saw h. alive on April 1, 1937 Death is said to have occurred on the date stated above, at 3.30A m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Pneumonia — Date of onset

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clark J. Woolf, M. D.

(Address) 61 Hanlon Rd

E 34156

38721
34156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Boquei

(a) Residence: No. 1334 Orleans St., St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/13/36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mary Land
(State or country)

FATHER

13. NAME Wm - Boquei

14. BIRTHPLACE (city or town) Spain -
(State or country)

MOTHER

15. MAIDEN NAME Laura Centin

16. BIRTHPLACE (city or town) Va -
(State or country)

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL. JOHNS HOPKINS HOSPITAL
Place April 5 Cemetery Date April 5 1937

19. UNDERTAKER Funeral Director Edw. Bryan
(Address) 1261 Orleans St.

APR 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to April 2, 1937
I last saw her alive on April 2, 1937 Death is said to have occurred on the date stated above, at 6.35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/26/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. A. Selby Jr. M. D.

(Address) Johns Hopkins Hospital

34157

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34157

CERTIFICATE OF DEATH

X 54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital - Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Jane Rudy

(a) Residence: No. Smithsburg Md. St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Rudy

6. DATE OF BIRTH (month, day, year) June 15, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John F. Farver
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nettie B. Wilhar
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Rudy
(Address) Smithsburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Smithsburg Md April 6th 1937

19. UNDERTAKER Wm Cook
(Address) 217 St Paul st

RCVD 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of brain	
	about

Other contributory causes of importance:
Shock

Was an operation performed? Yes Date of 4/3/37
For what disease or injury? Brain Tumor
Name of operation Removal Tumor Date of
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Nicodemus, M. D.
Coroner
(Address) 19 E. Patrick

V S 6

F 34158

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34158

CERTIFICATE OF DEATH

J 10

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 13-1 Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record.

2. FULL NAME Mary Hammond

(a) Residence: No. 3225 Mt Royal Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of Edward M Hammond

6. DATE OF BIRTH (month, day, year) Feb 12, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER

13. NAME John G. Rogers

14. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

MOTHER

15. MAIDEN NAME Rebecca Thompson

16. BIRTHPLACE (city or town) (State or country) Washington DC

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Johns Ellicott City Date April 5 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED April 4 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937 to April 3, 1937

I last saw her alive on April 3, 1937. Death is said to have occurred on the date stated above, at 6 50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria, Tonsillar & laryngeal	3-29-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis T Schwentker M. D.

(Address) Sydenham Hospital

32 7115 E 34159

HEALTH DEPARTMENT—CITY OF BALTIMORE

34159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Foesch

If U. S. Veteran specify WAR

(a) Residence: No. 318 E - 12th St St., ... Ward. Erie Pa -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Emma

6. DATE OF BIRTH (month, day, year) 12/6/84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa -

FATHER

13. NAME Ugeyer Foesch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Geyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bands
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Erie Pa. Date 4/5 1937

19. UNDERTAKER Lilly & Sailer
(Address) 403 State

20. FILED ..... 19 ..... Registrar.

4-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937 to April 3, 1937

I last saw him alive on April 2, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pituitary tumor	
	1911

Other contributory causes of importance:

Was an operation performed? Yes Date of March 31, 1937 April 2 "

For what disease or injury? Pituitary tumor

Name of operation Removal pituitary tumor by craniotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

34160 HEALTH DEPARTMENT—CITY OF BALTIMORE 34160

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hyman Brown — If U. S. Veteran specify WAR .....

(a) Residence: No. Baltimore, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Bertha Nee Rome

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peanut Treasurer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nut

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Zelda

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pleasant View Date 4/4/37 19

19. UNDERTAKER Jack Levin & Co
(Address) 1439 E. Baltimore St.

20. FILED 4-4 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/10 1937 to 4/2 1937

I last saw him alive on 4/2 1937 Death is said to have occurred on the date stated above, at 8 1/4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Post-Operative pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3/26/37

For what disease or injury? Cancer of Stomach

Name of operation Anterior Gastro-jejunostomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Sinai Hosp.

E 34161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34161

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. East Balto General St., 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... How long in U. S. If of foreign birth 35 yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Diamond

If U. S. Veteran specify WAR .....

(a) Residence: No. 4124 Pimlico Rd., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 4/4/37 19

19. UNDERTAKER Jos. Levy Sons Inc.

(Address) 1433 E. Baltimore St.

20. FILED APR 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came

(Inquest, Autopsy or Inquiry)

to death on the day stated above. 8:35 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. A. Kerr, M. D.

Coroner

(Address) 1115 Mass Ave

F 34162 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34162

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Belvedere & Greenspring Av. Registered No.....

CITY OF BALTIMORE: (No.....St., 22nd Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophie Stolberg If U. S. Veteran specify WAR .....

(a) Residence: No. Hebrew Home for Aged St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Edmund Levin

(Address) Belvedere & Greenspring Av.

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 4-4 19 37

19. UNDERTAKER Jacob Deitsch & Sons

(Address) 1438 Bank St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1936 to April 1, 1937

I last saw her alive on April 1, 1937 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	3-30-37
Hypertension	
arteriosclerosis	

Other contributory causes of importance:

Chr. Bronchitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Type .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Edmund Levin, M. D.

(Address) Levindale

4-1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34163

34163

CERTIFICATE OF DEATH

62-a

22209

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jacobs

(a) Residence: No. 218 N. Wolfe Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Jacobs

6. DATE OF BIRTH (month, day, year) 9-13-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	9 (6)	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hermann Venker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date April 6th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible]

R 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1937 to 4-3 1937

I last saw her alive on 4-3 1937 Death is said to have occurred on the date stated above, at 9:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 days
Other contributory causes of importance: Cerebral Hemorrhage	6 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

Spec—9-30—A. & Co.—250 Blks.

F 34164

F 34164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46F

REGISTERED NO.

1. PLACE OF DEATH Franklin Square Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4-2 ST. ; WARD)

2. FULL NAME Richard (Dantzler) Clarke

(a) RESIDENCE No. 720 W. Fayette St. ; ST. ; WARD No War Record

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53/12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	wh.	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) about 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Candy maker do do

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Bloom & Co

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Thomas Clarke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Agnes Anderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C

14 Informant Marie Griebel

(Address) 2516 Gessamount Ave

15 Filed 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27-37

17

I HEREBY CERTIFY, That I attended deceased from March 29, 19 37, to March 29, 19 37

that I last saw h im alive on March 29, 19 37

and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of head of pancreas with metastesis to liver.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) marked'n addict

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? no Date of

Was there an autopsy? yes.

What test confirmed diagnosis? autopsy

(Signed) D. J. Battaglia M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet

DATE OF BURIAL 4/5/1937

20 UNDERTAKER William Cook

ADDRESS 1217 St Paul St

E 34165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34165

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 605 Claremont St., 4th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William D. Booker
If U. S. Veteran specify WAR No Record

(a) Residence: No. 605 Claremont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Betty Booker

6. DATE OF BIRTH (month, day, year) Sept 1st 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Tube Co

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME John Booker

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Betty Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John R Booker
(Address) 605 Claremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 6th 1937

19. UNDERTAKER Wm Good
(Address) 147 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 1933 to April 3rd 1937

I last saw h[illegible] alive on April 2nd 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Chronic Myocardial Degeneration	several years
Other contributory causes of importance: Cerebral hemorrhage, uremia	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Michel M. D.

(Address) 290 Edmondson Ave.

APR 4 - 1937

34166 HEALTH DEPARTMENT—CITY OF BALTIMORE 34166

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4002 Glenmore Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary P. Scholz

(a) Residence: No. 4002 Glenmore Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Wilhelm Scholz

6. DATE OF BIRTH (month, day, year) Oct 22nd 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month, year) Feb 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Forster

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hurkamm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wilhelm Scholz

(Address) 4002 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Apr 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 10 1936 to April 2 1937.

I last saw her alive on April 2 1937. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	unknown
Arteriosclerosis	unknown
Gangrene	12-20-1936
Other contributory causes of importance: Chronic Nephritis	unknown

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinalysis & Blood Chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John A Mackenzie M. D.

(Address) 6304 Belair Road

Holmes ✓ F 34167

34167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Dursun St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willeard Holmes

If U. S. Veteran specify WAR

(a) Residence: No. 1724 Dursun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 24 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Essex County (State or country) Va

FATHER

13. NAME Jack Holmes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Cultorne

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alfred Holmes

(Address) 514 N. Culloden St

18. BURIAL, CREMATION, OR REMOVAL

Place Essex Co. Va., Date 4/5/37 19

19. UNDERTAKER Mrs. Geo. N. Galland

(Address) 631 Reid Hill Ave.

20. FILED 4-7-1937 Registrar

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 — , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan
Pneumonia	2
	1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

34168 F 34168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give it(a NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 E. Pratt St., 1-W Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Blanche Horst

(a) Residence: No. 3904 E. Pratt St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 3-1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Heinrich Horst

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Butterly

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Barbara Horst

(Address) 3904 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date April 5 19 37

19. UNDERTAKER C. Meller & Son

(Address) 2331 E. Fayette St.

20. FILED 19

APR - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to April 1 1937

I last saw h.. alive on Mch 25 1937 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Mutual Regurg. Nephritis — Date of onset unk

Hypertension

Other contributory causes of importance:

Angina pectoris

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas J Bloke M. D.

(Address) 20 a Preston

✓ F 34169

34169 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. 11-4

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 333 Ramsay St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Robt Wrightt

(a) Residence: No. 333 Ramsay St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	R.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto. City
(State or country)

13. NAME Robt Wrightt

14. BIRTHPLACE (city or town) Balto.
(State or country)

15. MAIDEN NAME Granny Johnson

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Granny Wrightt
(Address) 333 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 4/3/37

19. UNDERTAKER Chas H. Alexander
(Address) 1200 McCulloh St

20. FILED 4-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/3/37, 19 ... to 4/3/37, 19 ... I last saw him alive on 4/3/37, 19 ... Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows: 3/29/37

Date of onset

Bronchopneumonia

Other contributory causes of importance: Thick sputum-mucus plug

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lee Stitt, M. D.

(Address) 524 Mad. Ave

34170 F 34170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

1. PLACE OF DEATH, CITY OF BALTIMORE: (No. 210 Hawthorn Road) (27-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E. Clayton

(a) Residence: No. 210 Hawthorn Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Clayton

6. DATE OF BIRTH (month, day, year) Oct. 4-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 years

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John T. Clayton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Elliott.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT C. Herbert Clayton

(Address) 210 Hawthorn Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 5. 1937

19. UNDERTAKER Horace H. Burgee

(Address) 3631 Falls Road

20. FILED ..... 19..... Registrar.

4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15 1937. to April 3 1937

I last saw him alive on April 2nd 1937 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valv Endocarditis	c
Other contributory causes of importance: Infirmities Disease	c

Was an operation performed? No Date of c

For what disease or injury? .....

Name of operation c

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fullerton Beck M. D.

(Address) 5 [illegible]

34171 F 34171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. 97-18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Garrison Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Christina Leuze

(a) Residence: No. 3913 Garrison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 18 1860

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	76	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Leuze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Edith Jeffers

(Address) 3913 Garrison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Apr. 5 1937

19. UNDERTAKER Mary A. Dawthrop

(Address) 2339 Rayner Ave

20. FILED Apr 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to April 2. 1937

I last saw her alive on April 2. 1937 Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis of cerebral vessels	
Other contributory causes of importance: Senile Cardiac Debility.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify?

(Signed) H. Leuze M. D.

(Address) 4710 Liberty Ht.

APR 5 - 1937

34172 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34172

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Hamilton Ave St. 21-6 Ward)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William M. Langville

(a) Residence: No. 2500 Hamilton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret J. Langville

6. DATE OF BIRTH (month, day, year) June 3. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Jefferson Langville

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Willey

16. BIRTHPLACH (city or town) (State or country) Taylors Island

17. INFORMANT (Address) Fred. H. Drobisch 2500 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date April 6 1937

19. UNDERTAKER (Address) John A. Mitchell & Sons 1900 Eutaw Place

20. FILED 4-1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937 to April 4, 1937

I last saw he alive on April 3, 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 d.
Influenza Hypostatic	5 d
Arteriosclerosis Senile Regurgitation	8 d.
Other contributory causes of importance: Chr Cholecystitis	8 d.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F Q Stearns, M. D.

(Address) 2878 Hartford

F 34173

34173 98
32 68 98

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward)

Length of residence in city or town where death occurred Life 9 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Coupline

(a) Residence: No. Loreley St. Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joe

6. DATE OF BIRTH (month, day, year) 3-28-82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Dan Quarles

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Violet Wright

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loreley Cemetery Date Apr 6 1937

19. UNDERTAKER David Davidson
(Address) Upper Falls

20. FILED ..... 19 ..... Registrar.

APR 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to April 3, 1937
I last saw her alive on April 3, 1937 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Type III	March 1936
Other contributory causes of importance: Syphilis Aortic	March 1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) James A. Hiseland M. D.

(Address) Johns Hopkins Hospital

✓ F 34174

34174 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 66-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. — mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Katherine M. Whiteford

(a) Residence: No. Joppa Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Whiteford

6. DATE OF BIRTH (month, day, year): May 18, 1884

7. AGE: Years 52 | Months 11 | Days 22 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME of Father: H. N. Sallenson

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME of Mother: Nancy Dance

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr. Ethel Sallenson

(Address) Joppa Md.

18. BURIAL, CREMATION, OR REMOVAL: Fallston Cem. Date 4/6/37

19. UNDERTAKER: Hazelwood & Sons

(Address) Benson Md.

APR 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937 to April 4, 1937

I last saw her alive on April 4, 1937 Death is said to have occurred on the date stated above, at 12 02 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	4 yrs?
Other contributory causes of importance: Chronic Myocarditis	?
Hypertension	?

Was an operation performed? yes Date of April 3, 1937

For what disease or injury? Toxic Thyroid

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank B. Stephenson M. D.

(Address) St. Joseph's Hosp.

34175 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34175

CERTIFICATE OF DEATH

98

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Mt Ver Hosp 7-3 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Miller

(a) Residence: No. 741 N. Patterson Park Ave. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosalie Miller

6. DATE OF BIRTH (month, day, year): Jan - 4 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R. Road
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: John Miller
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Sally Hamperbocker
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Rosalie Miller
(Address) 741 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: Mar - 5 - 1937

19. UNDERTAKER: Chas. C. Miller
(Address) 735 E. Baltimore St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/3/37

22. I HEREBY CERTIFY, That I attended deceased from 3-20-37 19 to 4-3-37 19 I last saw h alive on 4-5-37 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene Rt. foot	over
Other contributory causes of importance: Myocardial failure	

Was an operation performed? 3-30-37 Date of
For what disease or injury? Gangrene Rt foot
Name of operation Amputation Rt leg
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. P. Stathers M.D.
(Address) Mt Ver Hosp

2 - 1937

34176 E 34176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

Registered No.....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Isiah Summerville If U. S. Veteran specify WAR .....

(a) Residence: No. Jones Station St. Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Summerville

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louise Summerville (Address) Jones Sta A.A. Co

18. BURIAL, CREMATION, OR REMOVAL Place Jones Sta Date Apr. 7 1937

19. UNDERTAKER J B Johnson (Address)

20. FILED ... Registrar

APR 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1937 to April 4 1937

I last saw him alive on April 4 1937 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchogenic Carcinoma	
& metastasis to Epicardium	

Other contributory causes of importance:

Pericarditis

Was an operation performed? yes Date of March 23, 1937

For what disease or injury? Diagnostic

Name of operation Bronchoscopy

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Howard B. Hayes M. D.

(Address) University Hospital

34177 F 34177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital Da 210-M

CITY OF BALTIMORE: (No. ... St. 25 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

U. S. Veteran (specify WAR ...)

2. FULL NAME George Lewis Miller

(a) Residence: No. Patterson Road Ellicott City Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Miller

6. DATE OF BIRTH (month, day, year) Dec 7-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Dec 2-37

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Paul A. Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie E. Keeling

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Miller
(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL
Place Shaffer's Corner Md Date April 6th 1937

19. UNDERTAKER J. Lloyd Bauser
(Address) Laurel Md

20. FILED 4-6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture skull	Apr 37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr 4 1937
Where did injury occur? Md Rte 1 Sulpher Spring Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by Auto while walking
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John Kinsley Coroner, M. D.
(Address) 947 W. Franklin

F 34178 ✓ F 34178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-13

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Saint Francis Ave St. 12-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Galbreath, Miss Marion
If U. S. Veteran specify WAR

(a) Residence: No. Delta, Pennsylvania St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesladies
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1068
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pa
(State or country)

FATHER
13. NAME Thos Galbreath
14. BIRTHPLACE (city or town) Pa
(State or country)

MOTHER
15. MAIDEN NAME Margaret Jenkins
16. BIRTHPLACE (city or town) Pa
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Steelville Pa. Date April 7 1937

19. UNDERTAKER H Howard Hobbs
(Address) Eastview Pa

20. FILED ..... 19..... Registrar.

4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2 1937, to April 4. 1937
I last saw her alive on April 4 1937 Death is said to have occurred on the date stated above, at 645P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3/30/37
Other contributory causes of importance: Paralytic ileus	4/2/37

Was an operation performed? No Date of
For what disease or injury?
Name of operation Pyrogal
What test confirmed diagnosis? Clinical course an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert H Lewis M. D.
(Address) Union Memorial Hospital.

F 34179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34179

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2528 W. Lombard St. 20-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Elizabeth L. Frederick

If U. S. Veteran specify WAR ...

(a) Residence: No. 2528 W. Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Oct 21-1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Frederick

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Louise Lentz

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT George Frederick Sr.

(Address) 2528 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/6/37

19. UNDERTAKER George L. Wormat

(Address) 711 Frederick Ave.

20. FILED ..., 19... Registrar

APR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 1 1937 to Apr 3 1937

I last saw her alive on Apr 3 1937, Death is said to have occurred on the date stated above, at 10 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 mo 4 wks

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 137 Lemmon Ave

F 34180

F 34180 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. ..... St., 12-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter C. Mueller

If U.S. Veteran specify WAR No Record

(a) Residence: No. 323 East 20th Street St., ... Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

3a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE)~~ Flossie Mueller

6. DATE OF BIRTH (month, day, year) Nov 27th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Paul F. Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Flossie Mueller
(Address) 323 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 6th 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24 , 1937, to April 4 , 1937

I last saw him alive on April 4 , 1937. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease with hypertension	
Thrombosis of coronary artery with infarction of myocardium	3/23/37
Other contributory causes of importance:	
Pulmonary edema	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? E.K.G. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Myers , M. D.

(Address) Church Home + Inf.

F 34181

F 34181 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1661 Thomas Ave St., 15-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME William H Cook

(a) Residence: No. 1661 Thomas Ave St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Russell Brick Co

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lucinda A Golden

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Blanche V Giffin
(Address) 1813 Whitmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 4/7 37

19. UNDERTAKER Uhlmann Cook
(Address) 129 E Saratoga Street

20. FILED ..... 19.....

5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1934 to April 4 1937

I last saw him alive on April 4 1937 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrovascular Thrombosis	Dec 1934
Nephritis, Chronic	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fred B Jewett M. D.

(Address) 257 Penn Ave

34182 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34182

123

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md Penitentiary St. ? Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Vet. specify WAR Mexican 1915

2. FULL NAME Eugene Wall
(a) Residence: No. 4513 Mansfield Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
Male	White	Divorced

6a. If ~~married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Ruth Wolf

6. DATE OF BIRTH (month, day, year) Aug 6th 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Aug 1936
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER'S FATHER'S
13. NAME John Georg Wolf
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Mary T. Monaghan
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Martha Baxter
(Address) 4513 Mansfield Ave
18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date April 7th 1937
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED APR 5 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-1937
22. I HEREBY CERTIFY, That I attended deceased from 4-1-37 to 4-4-37, 19..... I last saw him alive on 4-4-37, 19..... Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Sigmoid Localized Peritonitis	4-1-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-3-37
For what disease or injury? Perforated Colon
Name of operation Laparotomy
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify)
(Signed) W. P. Stephens M. D.
(Address) Md Penitentiary

34183 Dr Hawkins E E 39th & Ponca 9136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34183

481

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S. Furrow St. 20-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Elizabeth Winkler

If U. S. Veteran specify WAR No Record

(a) Residence: No. 426 S. Furrow St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John L. Winkler

6. DATE OF BIRTH (month, day, year) Dec 26th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Bridinger

14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Victoria Kliman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT (Address) John L. Winkler 426 S. Furrow St

18. BURIAL, CREMATION, OR REMOVAL. Place Western Date April 5th 37

19. UNDERTAKER (Address) Wm Cook 1217 Stricker St

20. FILED APR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936 to Apr 3rd 1937

I last saw h alive on Apr 1 1937 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance are as follows:

	Duration
Acute Cardiac Dilatation	3 days
Other contributory causes of importance	6 mos
Chronic Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. T. Lawrence M. D.

(Address) 1 E Read St

HEALTH DEPARTMENT—CITY OF BALTIMORE

34184

4184

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 Hanover St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A. Jenkins

If U. S. Veteran specify WAR

(a) Residence: No. 1738 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H Jenkins

6. DATE OF BIRTH (month, day, year) Sept 2nd 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER'S FATHER

13. NAME Herbert Dixon

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Barbara Harrison

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John H. Jenkins (Address) 1738 Hanover St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 4-5th 1937

19. UNDERTAKER Bernard C. Harlan (Address) 121 E First St

ED 5-1937 Hampton Phillips

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1935 to Apr. 2, 1937

I last saw her alive on Apr. 2, 1937. Death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular disease	Oct. 27 1935

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? ******

Name of operation

What test confirmed diagnosis? D. F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Leibel M. D.

(Address) 1224-1226 Hanover St.

F 34185 F 34185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Reynolds St. 24-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Sparzak

If U. S. Veteran specify WAR

(a) Residence: No. 1422 Reynolds St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Sparzak

6. DATE OF BIRTH (month, day, year) June 24 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mlawa Poland.

FATHER

13. NAME Gregory Sparzak

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Stanley Sparzak (Son)
(Address) 1422 Reynolds

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Rosary. Date April 6 37

19. UNDERTAKER Fred W Ozarowski

(Address) 1930 Eastern Ave.

FILED 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21 1937 to April 2 1937

I last saw him alive on April 2 1937 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	12
Other contributory causes of importance:	

Was an operation performed? Now Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. F A Stevens M. D.

(Address) 2878 Harford Rd

34136 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34136

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Sinai Hosp. Registered No.....

CITY OF BALTIMORE: (No. ..... St., 15-13 Ward.) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carl Wm Schmidt If U. S. Veteran specify WAR .....

(a) Residence: No. 3515 Virginia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 25 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Earl J. Schmidt

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Ann L. Bisher

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Earl W. Schmidt
(Address) 3515 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Apr. 5 1937

19. UNDERTAKER John J Denny
(Address) 715 Light St

20. FILED 19 APR 5 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4/2/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/30/37, 19..., to 4/2/37, 19...
I last saw h[illegible] alive on 4/2/37, 19... Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3/28/37
Other contributory causes of importance: None	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. Abramson M. D.

(Address) Sinai Hosp

34187 F 34187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 194-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 4 Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sylvester Timmons

If U. S. Veteran specify WAR .....

(a) Residence: No. 1406 Druid Hill Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Timmons

14. BIRTHPLACE (city or town) (State or country) Florence S C

MOTHER

15. MAIDEN NAME Madeline Chandler Wells

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT John Timmons

(Address) 1406 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date April 6 1937

19. UNDERTAKER R. C. Richardson & Co. Inc.

(Address) 1120 Druid Hill Ave

5 APR 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Foreign body in Larynx	April 3 1937
Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 3, 1937

Where did injury occur? Home Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Foreign Body in Larynx Bread

Nature of injury Choking, Coughing

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen, M. D. Coroner

(Address) 500 Courthouse

34188 F 34188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21902 / 33

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) 5-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia Tuttolano

If U. S. Veteran specify WAR .....

(a) Residence: No. 205 N. Front St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Tony Tuttolano

6. DATE OF BIRTH (month, day, year) 6-9-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME ~~San Torini~~ Sabatino Tavoni

14. BIRTHPLACE (city or town) (State or country) Campli Italy

15. MAIDEN NAME Erminia De Iullis

16. BIRTHPLACE (city or town) (State or country) Nepezzano Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Apr. 6 1937

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Motley St.

20. FILED ..... 19..... Registrar

5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2- 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-15- 1937 to 4-2 1937

I last saw h[illegible] alive on 4-2- 1937. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Kidney	1 mo.
Other contributory causes of importance:	
Uremia	2 wks.

Was an operation performed? Yes. Date of 4-2-37

For what disease or injury? Carcinoma of Kidney

Name of operation Nephrotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Hoover M. D.

(Address) Balt. City Hosp.

our

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34189

CERTIFICATE OF DEATH

F 34189

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. 15-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Weiner

(a) Residence: No. 1514 N. Smallwood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Herman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rifka

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 4/7/37

19. UNDERTAKER Jack Levin & Sons Balto St

(Address)

20. FILED APR 5 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-37. 19

22. I HEREBY CERTIFY, That I attended deceased from March 8 1937 to Apr 4 1937

I last saw h.e alive on Apr 4 1937 Death is said to have occurred on the date stated above, at 11:5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1934
Diabetis	?

Other contributory causes of importance: agitated Depression

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Symp. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Robert J. Seligel M. D.

(Address) 2140 Mt. Royal Terrace

O.K. Paul Schenker, MD

F 34190

34190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-2 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 23 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Golde Rosenbloom

(a) Residence: No. 308 N. Exeter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Abraham Kosovsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Melstad

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 4/5/37

19. UNDERTAKER Jos. Levy Sons
(Address) 1439 E. Baltimore St.

APR 5 - 1937
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4-37 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1937 to April 4, 1937

I last saw h.. alive on April 4, 1937 Death is said to have occurred on the date stated above, at (1:50) p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	
Bronchopneumonia	3/13/37
Fracture of left hip	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/4 19 37

Where did injury occur? 308 N. Exeter St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Broken hip

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel A. Belgorod M. D.

(Address) Sinai Hospital

F 34191

34191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fana Walkovsky

If U. S. Veteran specify WAR .....

(a) Residence: No. 2007 E. Fairmount Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Berel Franklyn

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Gitle

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pimlico Road Cem. Date 4-6 1937

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED APR 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Mulvey M. D.

Coroner

(Address) 1912 E. North Ave

F 34192 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34192

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Clifton Ave. St. 15-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Wm. Wiley

If U. S. Veteran specify WAR .....

(a) Residence: No. 3207 Clifton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Farland

6. DATE OF BIRTH (month, day, year) 12/12/56

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. H. Wiley

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Julia A. Jones

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Emma V. Wiley
(Address) 3207 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemy. Date 4/5/37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

APR 5 - 1937 19..... Huntington Ave., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/3/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 37, 19..... to Apr 3/37, 1937

I last saw him alive on Apr 2/37, 1937 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about 6 mo duration
Other contributory causes of importance:	
arterio-sclerosis	1927

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter L. Myatt M. D.

(Address) 2220 Garrison Blvd.

E 34193

34193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Bedford Place Ward) 27-11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran

2. FULL NAME Judge James Franklin Supplee Jr

(a) Residence: No. 4410 Bedford Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Montgomery Cathcart

6. DATE OF BIRTH (month, day, year): Sept 1, 1877

7. AGE: Years 59 | Months 6 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Judge of Supreme Bench

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: J. Frank Supplee

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Kate Cochrane

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mrs M. M. Supplee 4410 Bedford Place

18. BURIAL, CREMATION, OR REMOVAL: Place: Loudon Park Date: April 5, 37

19. UNDERTAKER (Address): Geo Entau Place

20. FILED: APR 5 - 1937 Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-2-37

22. I HEREBY CERTIFY, That I attended deceased from March 25 1937 to April 2 1937

I last saw h alive on April 2 1937 Death is said to have occurred on the date stated above, at 3 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
pneumonia (lobar pneumonia, type IV)	3/26/37
Other contributory causes of importance: acute sinusitis	Mar 21, 37
arthritis, hypertrophic	Some yrs.
hypertension	5 years

Was an operation performed? no Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? clinical & laboratory methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R. Smith, Jr. M. D.

(Address) 1014 St Paul Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

34194

CERTIFICATE OF DEATH

F 34194

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Hosp.)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mrs Margaret Eigelsinger

U. S. Veteran specify WAR .....

(a) Residence: No. 1817 N. Dallas St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. ~~SEX~~ Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Eigelsinger

6. DATE OF BIRTH (month, day, year) Dec 13th 1878

7. AGE — Years 59 | Months 0 | Days 18 | If LESS than 1 day,.....hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Wesley Emmons

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Schneider

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Charles Eigelsinger

(Address) 1817 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date 4/5 1937

19. UNDERTAKER Leo J. Fanning & Son

(Address) 1938 E. Fayette Ave

20. FILED ..... 19.....

APR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/30/37. 19..... to 4/1/37. 19.....

I last saw h.. alive on 4/1/37. 19.. Death is said to have occurred on the date stated above, at 6 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension c-Volvulus Cerebral Hemorrhage	3/26/37
Other contributory causes of importance: Diabetes mellitus. (6 yr.)	3/30/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Josiah A. Hunt. M. D.

(Address) Md Gen. Hosp.

F 34195

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34195

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Druid Hill ave 11-th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter A. Washington

If U.S. Veteran specify WAR

(a) Residence: No. 1207 Druid Hill ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Washington

6. DATE OF BIRTH (month, day, year) Feb. 17. 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME George R. Washington

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Maria Washington

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Mary Washington

(Address) 1207 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/5/ 37

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6. 1937. to April 2. 1937.

I last saw h~~im~~er alive on April 1. 1937. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930
Other contributory causes of importance: Epilepsy	1936

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill ave

34196 HEALTH DEPARTMENT—CITY OF BALTIMORE T 34196

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record.

2. FULL NAME Martha Fitzpatrick

(a) Residence: No. 1961 N. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
female	white	widow

6a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of unknown Fitzpatrick

6. DATE OF BIRTH (month, day, year) 4/2/~~1896~~ 4-2-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~68~~	49	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as ~~silk~~ mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (City or county) Staunton (State or country) Va.

FATHER

13. NAME George Bailey

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary McFaden

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 6 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

APR 5 - 1937 (Signed) (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1937 to 4-3, 1937

I last saw her alive on 4-3 1937 Death is said to have occurred on the date stated above, at 8:50 ~~P~~ A.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular Renal Disease — Date of onset 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

*Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M.D.

(Address) Baltimore City Hospitals

F 34197 ✓ F 34197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2099 E. Lanvale St., 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Peter J. Burke

(a) Residence: No. 2099 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Burke

6. DATE OF BIRTH (month, day, year) June 28, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) April 2, 1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick Burke

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret McColgan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Catherine H. Burke

(Address) 2099 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem. Date April 6 1937

19. UNDERTAKER Joseph F. Sullivan & Sons

(Address) 1005 W. Baltimore St.

Filed APR 5 - 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to April 3, 1937.

I last saw him alive on April 3, 1937. Death is said to have occurred on the date stated above, at 5.05 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset April 3/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Kinahan M. D.

(Address) 1945 E. Baltimore St.

M. D. B 1268-9

34198

✓ F 34198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4004 Groveland Ave. St. 28-1 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Maurice Bailey

If U. S. Veteran specify WAR W. W.

(a) Residence: No. 4004 Groveland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Bailey

6. DATE OF BIRTH (month, day, year) May 9, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hercules Cement Co.

10. Date deceased last worked at this occupation (month and year) April 1, 1937

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Richardson Bailey

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Evelyn Bailey
(Address) 4004 Groveland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 5, 1937

19. UNDERTAKER Chas. H. Cook
(Address) 1215 E. Baltimore St.

20. FILED APR 5 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, Autopsy or Inquiry, find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	7 days
Streptococcus infection	

Other contributory causes of importance: Alcoholism, chronic

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4-2-, 1937

Where did injury occur? 4004 Groveland Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell from kitchen stool

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Brown, M. D. Coroner

(Address) 1215 Hanover St.

✓F 34199

34199 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

8-5-108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1905 N. Castle St., 8 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Pauline Mary Gonce

If U. S. Veteran specify WAR

(a) Residence: No. 1905 N Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26 - 1923

7. AGE: Years 13 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Louis A Gonce

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Pauline M. Kammer

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Louis A Gonce
(Address) 1905 N Castle

18. BURIAL, CREMATION, OR REMOVAL
Place Morelands Park Date April 6th 1937

19. UNDERTAKER: Leo G Cook
(Address) 1703 N Patterson Park Ave

20. FILED ..., 19... Registrar

4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 3 1937 19

22. I HEREBY CERTIFY, That I attended deceased from April, 19 37 to APR 3 1937, 19...
I last saw her alive on APR 3 1937, 19... Death is said to have occurred on the date stated above, at 4:10 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance: Pulmonary Edema	1 day

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I hereby certify that I attended the deceased from ... to ..., 19...
(Signed) Edward J Kerl M. D.
(Address) 4137 Eastern Ave

34200 Catherine Cunningham F 34200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7134 W. Lexington St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Cunningham

If U.S. Veteran specify WAR .....

(a) Residence: No. 7134 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James Cunningham

6. DATE OF BIRTH (month, day, year): 2/21/1904

7. AGE — Years: 35 — Months: 1 — Days: 9 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

13. NAME: John Bass

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME: Lottie Payne

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Mildred Stinson
(Address) 7134 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: April 5, 37

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 222 N. Schroeder St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/3/37 19

22. I HEREBY CERTIFY, That I attended deceased from 3/27/37 ..... 19 ..... to 4/2/37 ..... 19 .....

I last saw ... alive on 4/30/37 ..... 19 ..... Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 15

Other contributory causes of importance:

Tuberculosis of Throat
Exhaustion due to above

Was an operation performed? ..... Date of .....

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Levin Ellis. M. D.

(Address) 527 Cathedral

34201 F 34201

HEALTH DEPARTMENT—CITY OF BALTIMORE 21445

CERTIFICATE OF DEATH

34E-87a

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. St., 6-5 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Lena Hazel

(a) Residence: No. 109 N. Bond Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29 (?)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Robert Hazel

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 5th 1937

19. UNDERTAKER Elroy O. Wilson

(Address) 1000 Bradley Ave.

20. FILED APR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-1- , 19 37

22. I HEREBY CERTIFY, That I attended deceased from 2-26- , 1937 to 4-1-37 , 19...

I last saw her alive on 4-1- , 1937. Death is said to have occurred on the date stated above, at 1:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholic central neuritis	2-2 -37
Other contributory causes of importance: C.N.S. Syphilis	Unk.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. J. Reynolds M. D.

(Address) Baltimore City Hospital

F 34202

HEALTH DEPARTMENT—CITY OF BALTIMORE

19319

CERTIFICATE OF DEATH

34-J-131 F 34202

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 11 Ward) 13

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Everett Brown

(a) Residence: No. 1204 Laurens st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 2/22/1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Agnes Venable

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date Apr. 9 37

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Registrar.

APR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 8 , 1936 to 4 - 4 , 1937

I last saw h.l.M alive on 4 - 4 , 1937 Death is said to have occurred on the date stated above, at 8^02-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, (Primary)	1 wk
Other contributory causes of importance:	
2 Spontaneous Cardio-vascular Renal Disease, ND	unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

34203

✓ F 34203

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Hilldale Rd. 28-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs 6 mos 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jay Malambre

(a) Residence: No. 3608 Hilldale Rd. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: WIFE of Roberta Lee Malambre

6. DATE OF BIRTH (month, day, year): Sept. 16, 1875

7. AGE: Years 61 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Customs Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: James M. Malambre

14. BIRTHPLACE (city or town) (State or country): Dayton Ohio

MOTHER

15. MAIDEN NAME: Emma V. Woods

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs Roberta L. Malambre

(Address) 3608 Hilldale Rd.

18. BURIAL, CREMATION, OR REMOVAL: Woods 6 Apr. 6 37

19. UNDERTAKER: Wm Pickyer Sons

(Address) North & Fayette.

4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to ... death on the day stated above. 4-4-37 - 8 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. Mayer Grayson M. D. Coroner

(Address) 125 Lexington

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34204

CERTIFICATE OF DEATH

85 F 34204

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Lapp

If U. S. Veteran specify WAR

(a) Residence: No. 838 S. Paca St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 10 — 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

MOTHER FATHER

13. NAME Ernest Lapp

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Helen Lapp

(Address) 838 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 4/6/1937

19. UNDERTAKER John J Cowan & Son

(Address) 901 Hollins St

APR 5 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1937, to 4-4, 1937

I last saw him alive on 4-4, 1937 Death is said to have occurred on the date stated above, at 12 08 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4-3-37
Post-Influenza Condition	4-2-37
Hypostatic Pneumonia	4-3-37
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard B. Mayer M. D.

(Address) Union Hospital

34205 F 34205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP St. 9-S Ward) 24 hrs

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY BOY HAZELIP

If U. S. Veteran specify WAR

(a) Residence: No. 1239 DARLEY AVE St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) APRIL 2, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
			2 hrs. 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE-MD.

FATHER

13. NAME HARRY HAZELIP

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME SALLY PICKERING

16. BIRTHPLACE (city or town) (State or country) MARYLAND ENGLAND

17. INFORMANT HARRY HAZELIP
(Address) 1239 DARLEY AVE

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 5 - 1937
Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

20. FILED APR 5 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from APRIL 2, 1937 to APRIL 2, 1937

I last saw h.l.m. alive on APRIL 2, 1937 Death is said to have occurred on the date stated above, at 5:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	APRIL 2, 1937
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLINICAL Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Harold T. Hood M. D.

(Address) Univ. Hosp Balto

34206 F 34206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Milcad (or Milstad)

If U. S. Veteran specify WAR

(a) Residence: No. Front Near Hillen Sts. (Loding House) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-30-1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William H. Milcad

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Mister

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 5 - 1937
Commissioner of Health

19. UNDERTAKER Per W. A. Moore
(Address)

FILED 4-5-1937 ... Registrar.

3135

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-29 1929 to 4-2 1937

I last saw him alive on 4-2 1937 Death is said to have occurred on the date stated above, at 2.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease,	unk
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F. Ramey M. D.

(Address) Baltimore City Hospitals

F 34207

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34207

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhaven Hospital St., 16-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mabel Morgan

(a) Residence: No. 1716 - Harlem Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or .....min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (087)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Martha Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Provident Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 5 - 1937 19
Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

20. FILED [redacted] - 1937 [redacted] Registrar.

3150

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937 to Mar. 26, 1937

I last saw her alive on Mar. 26 1937. Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Salman M. D.

(Address) Lyndenhaven Hospital

F 34208

HEALTH DEPARTMENT—CITY OF BALTIMORE

34208

CERTIFICATE OF DEATH 15686

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-4 82a Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alois Cromer

(a) Residence: No. 215 N. "olfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustia Cromer

6. DATE OF BIRTH (month, day, year) 6-14-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Charles Cromer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Mooridge

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 4-6 19 37

19. UNDERTAKER Chas. Elliott

(Address) 2128 Ellamont St

20. FILED 19 Registrar

4-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-2-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1936 to 4-2, 1937

I last saw h. alive on 4-2, 1937 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 wks
Other contributory causes of importance: Cerebral Hemorrhage	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey, M.D.

(Address) Baltimore City Hospitals

F 34209

34209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Edison Highway Ward) 26-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Conner Hardesty

If U. S. Veteran specify WAR .....

(a) Residence: No. 1829 Edison Highway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Ida Hardesty

6. DATE OF BIRTH (month, day, year) Nov 21 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery
10. Date deceased last worked at this occupation (month and year) Apr 1937
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Lont Kuon
14. BIRTHPLACE (city or town) (State or country) Balto
15. MAIDEN NAME Juanita Chester
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Geo Hardesty
(Address) 3125 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Apr 6, 1937

19. UNDERTAKER John J. Gillick
(Address) 2005 Edison

20. FILED ... 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2- ..., 1936 to 4-2- ..., 1937
I last saw him alive on 4-2-37, 19 ... Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension + Myocarditis	4-2-36
Coronary Thrombosis	4-2-37
Other contributory causes of importance	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Milton E. Lang M. D.
(Address) 2117 Belair Rd

5 - 1937

20784 ✓ F 34210

34210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Oles

(a) Residence: No. 1100 S. Kenwood Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances

6. DATE OF BIRTH (month, day, year) 1-27-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Hofnacki

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place? St. Stanislaus Date April 6. 1937

19. UNDERTAKER Stephen J. Fialkowski

(Address) 6000 S. Kenwood Ave

20. FILED 4-7-37 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2-37, 19..... to 4-3, 1937

I last saw h/was alive on 4-3, 1937 Death is said to have occurred on the date stated above, at 12:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Sarcoma of Spinal Cord (2nd lumbar - Malignant)	7

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-1-37

For what disease or injury? Sarcoma of Spinal Cord.

Name of operation Laminectomy - Excision of Sarcoma

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) A. C. Brantigan M. D.

(Address) Baltimore City Hosp.

✓ F 34211

HEALTH DEPARTMENT—CITY OF BALTIMORE

4211

CERTIFICATE OF DEATH

2-2 95-B

Registered No. .....

1. PLACE OF DEATH S/S Quaker City,
CITY OF BALTIMORE: (No. Pier 5 Port Covington St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred en route yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Pont.

(a) Residence: No. 1830 Eastern Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Do not know.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Quaker City.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain.

FATHER

13. NAME Do not know.
14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.
16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Captain J. S. Dahl.
(Address) S/S Quaker City.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 4-5th 19 37

19. UNDERTAKER Bernard C. Harlr
(Address) 121 E West St

- 1937 19 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held autopsy & inquiry. and from the evidence obtained by (Inquest, Autopsy or Inquiry) autopsy & inquiry (Inquest, Autopsy or Inquiry) that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of the heart	
Edema and congestion of the lungs.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner, M. D.

4/5/37 (Address) 1017 S. Charles St.

34212 F 34212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 21681

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E. Green

(a) Residence: No. 869 N. Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Green

6. DATE OF BIRTH (month, day, year) 12-6-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Sam Green

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mamie Minner

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Int Alivet Date April 7 1937

19. UNDERTAKER John C. Miller
(Address) 2435-37 Guilford Ave

20. 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8 1937, to April 4 1937

I last saw him alive on April 4 1937 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dean H. Feldman M. D.

(Address) Baltimore City Hospitals

34213 ✓ F 34213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Garrison Blvd St. 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mark B. Donaldson

If U. S. Veteran specify WAR .....

(a) Residence: No. 705 Garrison Boulevard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Walbing Donaldson

6. DATE OF BIRTH (month, day, year) Dec 14 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	3	20 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore & Ohio R R Co

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

13. NAME George V. Donaldson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Duvall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Hazel F. Kyle
(Address) Canton Ohio

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date April 6. 1937

19. UNDERTAKER Wm. S. Black
(Address) 142 W. Saratoga Ave.

20. FILED APR 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to April 3 1937

I last saw h... alive on 4/2 1937 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1 yr
Other contributory causes of importance: Chronic Bilateral Pyelonephritis of years duration	15 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Cassell, M. D.

(Address) 1716 E. Lexington St.

F 34214

34214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Kentucky ave St. Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond M. Keating

If U. S. Veteran specify WAR

(a) Residence: No. 2104 Kentucky ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Theresa Hasley Keating

6. DATE OF BIRTH (month, day, year): Oct 24-1886

7. AGE: Years 50 | Months 5 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fertilizer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Near Balto. Md.

MOTHER

13. NAME: Johan H. Keating

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary A. Connor

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Theresa H. Keating

(Address) 2104 Kentucky ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Apr 6, 1937

19. UNDERTAKER: Chas. F. Crane & Son

(Address) 118 W. Mt. Royal ave

20. FILED: [illegible]

4-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937, to April 3, 1937

I last saw h.. alive on April 3, 1937. Death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3-28-37
Other contributory causes of importance:	

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) E. H. E. Van Ness, M. D.

(Address) 1515 Park ave

F 34215

34215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

22362

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 27-18 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Mays

(a) Residence: No. 5401 Reisterstown Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis Merryman

6. DATE OF BIRTH (month, day, year) 9-11-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Abraham Mays

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Glencoe Date Sept. 8 1937

19. UNDERTAKER Wm. C. Burdett & Son

(Address) Baltimore, Md.

20. FILED , 19

Registrar.

8 - 1937 Huntington Williamsport MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1937 to 4-5, 1937

I last saw him alive on 4-5, 1937 Death is said to have occurred on the date stated above, at 1.30 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	?
Other contributory causes of importance: Bronchopneumonia	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) W. A. Stewart, M. D.

(Address) Balt. City Hosp.

F 34216

34216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 S. Robinson St. 1-1 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Evelyn C. Murphy

(a) Residence: No. 703 S. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Drew Murphy

6. DATE OF BIRTH (month, day, year): Jan 2 1883

7. AGE: Years 54 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Havre de Grace Maryland

FATHER

13. NAME: David Hawkins

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Lydia Hopkins

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Drew Murphy 703 Robinson St - S.

18. BURIAL, CREMATION, OR REMOVAL

Place: Schwartz Date: April 6th 1937

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED ... 19 ... Registrar

4-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Coronary thrombosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ~~If so, specify~~

(Signed) H. M. Knight, M. D.

(Address) 1610 E. Eldmont Ave Corona

F 34217

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34217

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2340 Barclay St. St., 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer M. Berlin If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2340 Barclay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mary F. Berlin
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Geo. A. Berlin

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Louise Kirk

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Edith Berg

(Address) 3733 Ash Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 7th 1937

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

FILED APR 6 - 1937

(Signature) [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the [illegible] and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Lobar Pneumonia	3-20-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) Coroner

Benner

34218 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34218

CERTIFICATE OF DEATH

J 98

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1223 N. Patterson Pk. St., E-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin D. Benner
If U. S. Veteran specify WAR No Record

(a) Residence: No. 1223 N. Patterson Pk. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Born

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J Benner

6. DATE OF BIRTH (month, day, year) July 25-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 1062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Citizens Saving Bank

10. Date deceased last worked at this occupation (month, year) 1934

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Benner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary A Courtney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emma J. Benner
(Address) 1220 N. Patterson Pk

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 7 37

19. UNDERTAKER William Cook
(Address) 817 St Paul St

FILED [illegible] 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4. 37

22. I HEREBY CERTIFY, That I attended deceased from 3-3-, 1937 to 4-4-, 1937
I last saw him alive on 4-1-, 1937. Death is said to have occurred on the date stated above, at 6.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Senility	Indefinite
Other contributory causes of importance: Gangrene feet	3/3/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jno. B. Gilbert M. D.
(Address) 7807 Harford

F 34219 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34219

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2915 Dunmore St. (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Cora Hazel

(a) Residence: No. 2915 Dunmore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilbur Hazel

7. DATE OF BIRTH (month, day, year) Oct 1860

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

11. Date deceased last worked at this occupation (month and year) —

12. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ga.

13. NAME of Father Richard Spicer

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME of Mother Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wilbur Hazel
(Address) 2915 Dunmore St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4-7-37

19. UNDERTAKER Wilbur Lowe
(Address) 1217 E. Lovell

20. FILED ..... 19 ..... Registered No. .....

R 6 - 1337

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to April 5, 1937.

I last saw h.. alive on April 3, 1937. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cardio vascular disease	2

Other contributory causes of importance:

Myocardial insufficiency

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Ex Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) W. H. Smith. M. D.

(Address) 3429 Chestnut Ave

F 34220 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34220

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3128 Virginia Ave St., 7-16 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Wagner

If U. S. Veteran specify War No Record

(a) Residence: No. 3128 Virginia Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Wagner

6. DATE OF BIRTH (month, day, year): 6 1844

7. AGE: Years 92 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (City or town) (State or country): Germany

13. NAME Fanny Miller

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Charles H. Wagner (Address) 1957 E. Monument

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Date 4-7-37

19. UNDERTAKER: (Address) 1211 Park Ave

20. FILED 4-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2 37 to April 4 1937

I last saw her alive on Apr 4 37, 1937. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/2/37
Arteriosclerosis	

Was an operation performed? ..... Date of .....

For what disease or injury? -

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ....., 19.....

Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm D Bubert M. D.

(Address) 4803 Park Heights Ave

34221 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34221

CERTIFICATE OF DEATH

172B

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Mercy Hospital St. 28-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Macken — If U. S. Veteran specify WAR No Record

(a) Residence: No. 5313 Windsor Mill Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Elmer E. Macken

6. DATE OF BIRTH (month, day, year) May 28th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked this occupation (month and year) 3/3/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel Beale

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Nellie Brown

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hosp. Records
Elmer E. Macken 5313 Windsor Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL.
Place Lorraine Date April 8th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

FILED APR 6 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 .1937

22. I HEREBY CERTIFY, That I attended deceased from 3/8/37, 1937 to 4/5, 1937

I last saw her alive on 4/5, 1937. Death is said to have occurred on the date stated above, at 8:37 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's disease	?
Other contributory causes of importance:	
Lobar pneumonia	4/1
left upper Lobe	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Freeman M. D.

(Address) Mercy Hospital

E 34222

34222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-122-w

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Friendless St. 28 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME James Legge

(a) Residence: No. Mt. Hope Retreat St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single.

7. DATE OF BIRTH (month, day, year) July 13 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME James Legge

14. BIRTHPLACE (city or town) (State or country) Roscommon County Ireland

15. MAIDEN NAME Mary Delaney

16. BIRTHPLACE (city or town) (State or country) Galway County Ireland

17. INFORMANT Hospital Records
(Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Govans Date April 6, 1937

19. UNDERTAKER John A. Mason
(Address) 3000 E. Balto St

20. Filed ..... 19 ..... Registrar

4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1937

22. I HEREBY CERTIFY That I attended deceased from April 1928 to April 3 1937

I last saw h alive on April 3 1937. Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General syphilis	27 yrs
Rt indirect inguinal hernia	"
Other contributory causes of importance: Coronary Thrombus	2 das

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If .....

(Signed) Wallace P. Alexander M. D.

(Address) 336 Professional Bldg

F 34223

34223 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 142 N. Streeper St. St. 61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Stephen F. Ryan
(a) Residence: No. 142 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clair E. Ryan

6. DATE OF BIRTH (month, day, year) Dec. 26-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
13. NAME Michael Ryan
14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
15. MAIDEN NAME Connally
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Clair Ryan
(Address) 142 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date April 6, 1937

19. UNDERTAKER John A. Myers
(Address) 3002 E. Baltimore St.

20. FILED April 6, 1937 [illegible] Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	Apr 1
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1931
For what disease or injury? Carcinoma of Larynx
Name of operation Laryngectomy Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schnetzer, M. D.
Coroner
(Address) 1914 E. Northern

34224 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34224

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 N. Bond St. 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Carrie R. Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 1207 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: BUSBAND of (or) WIFE of James Green

6. DATE OF BIRTH (month, day, year): 9-18-1882

7. AGE: Years 54 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Henderson N. C.

13. NAME: John Reed

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME: Polly Boyd

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Annie B. Chambers

(Address) 1506 N. 19th St. Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary cem. Date 4-6-1937

19. UNDERTAKER: Bryant & Manning & Wright

(Address) 428 Dn C & Liberty St

20. FILED 1937 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to Apr 4, 1937

I last saw her alive on Apr 4, 1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Insufficiency	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Slaughter M. D.

(Address) 825 N. Henrietta

34225 F 34225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 S. Potomac St., 1-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Hyde Bunting

If U. S. Veteran specify WAR .....

(a) Residence: No. 641 S. Potomac St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie.

6. DATE OF BIRTH (month, day, year) NOV 5 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool grinder 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owens Sewing Co.

10. Date deceased last worked at this occupation (month and year) April 3

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Martha Wilkenson

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Edward Bunting

(Address) E. J. Mount Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem Date 4/6/37

19. UNDERTAKER John Ulrich

(Address) 2008 Eastern Ave.

20. FILED ... 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest/autopsy/inquiry thereon and from the evidence obtained by said inquest/autopsy/inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Coronary embolism

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. W. Wright, M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

F 34226

34226 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George Kammer

If U. S. Veteran specify WAR

(a) Residence: No. 2008 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine (nee Fehr)

6. DATE OF BIRTH (month, day, year) Apr. 3, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John A. Kammer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Kammer

(Address) 2008 Hollins St

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Pk Date 4/6/37

19. UNDERTAKER Harry H. Mitzke

(Address) 4101 Edmondson Ave

FILED 19 By

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-37

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1937 to 4/3, 1937

I last saw him alive on 4/3, 1937. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C.V. disease	
Diabetes mellitus	
Cardiac failure	
Terminal pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh B. March, M. D.

(Address) Bon Secours Hosp

F 34227

34227 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-6 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Ross

(a) Residence: No. 1506 N. Chapel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: RUSBAND of (or) WIFE of Elizabeth B. Ross

6. DATE OF BIRTH (month, day, year) Apr. 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 71

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Nathan Ross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry P. Ross

(Address) 1506 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date April 6, 1937

19. UNDERTAKER Howard T. Blight Jr.

(Address) 4414 Belair Road

20. FILED [redacted]

APR 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vas Renal Disease	
Acute Cardiac Dilitation	
Chr. Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Conn B. Wallace M. D.

(Address) 1251 St. Paul St.

F 34228 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 F34228

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 W. Lombard St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude V. Eisenhardt

If U.S. Veteran specify WAR

(a) Residence: No. 1234 W. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Eisenhardt

6. DATE OF BIRTH (month, day, year) March 27 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Abraham Carls

14. BIRTHPLACE (city or town) (State or country) Hanover Pa

15. MAIDEN NAME Sarah Steffer

16. BIRTHPLACE (city or town) (State or country) Hanover Pa.

17. INFORMANT George Eisenhardt

(Address) 1234 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4-8, 1937

19. UNDERTAKER Frederick A. Cole

(Address) 1250 W. Lombard St

20. FILED Huntington Williams, M.D.

4-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to April 5, 1937

I last saw h.. alive on April 4, 1937. Death is said to have occurred on the date stated above, at 4.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
Hypertension	unknown
Other contributory causes of importance: chronic nephritis	unknown

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathan Racusin, M. D.

(Address) 206 S. Wilma St

F 34229 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34229

CERTIFICATE OF DEATH

12-6 51-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. U.S. Marine Hospital - Balto. St. Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin F. Schuck
If U. S. Veteran specify WAR SAW

(a) Residence: No. P. O. Box 485, Annapolis, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hester Eugenia Kenney Schuck

6. DATE OF BIRTH (month, day, year) September 24, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tuscarora Iowa

13. NAME Ephraim Schuck

14. BIRTHPLACE (city or town) (State or country) Wheeling West Virginia

15. MAIDEN NAME Sara Bixler

16. BIRTHPLACE (city or town) (State or country) Appomattox Virginia

17. INFORMANT Records - U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Date 4/7, 1937
National Cem

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED [illegible] Registrar.

6-193[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1936 to April 4, 1937
I last saw him alive on April 4, 1937. Death is said to have occurred on the date stated above, at 9:15p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	Oct. 1935
Ulceration, cecum, with perforation	Terminal
Pyonephrosis, left kidney	Terminal
Other contributory causes of importance: Peritonitis, acute	Terminal

Was an operation performed? Yes Date of 4/6/35/18, 1936
For what disease or injury? Carcinoma bladder.
Name of operation Cystotomy & Exp. incision of
What test confirmed diagnosis? P. E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) M. L. Bryant, M. D.
(Address) U.S. Marine Hospital Baltimore, Maryland

34230 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34230

CERTIFICATE OF DEATH

5-8 V131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Liberty Heights Ave. St., 5-8 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward F. Macy

(a) Residence: No. 3313 Liberty Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susannah Maffitt

6. DATE OF BIRTH (month, day, year) Feby 17.1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. financial Secy.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER FATHER

13. NAME Wm. D. Macy

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Marilla Cavernaugh

16. BIRTHPLACE (city or town) (State or country) New Hampshire

17. INFORMANT (Address) Susannah M. Macy 3313 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 6, 1937

19. UNDERTAKER (Address) John Mitchell & Sons 1900 Eutaw Place

20. FILED 19 Registrar.

R 6 - 1937 Livingston Withdrawn, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4.1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1937, to Apl 4 1937

I last saw him alive on Apl 4, 1937. Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis	
Chronic Nephritis - Uremia	Apl 1-37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard P. Warner M. D.

(Address) 2604 Garrison Boulevard

34231 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34231

CERTIFICATE OF DEATH

93-D

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 W. North Ave. 13-2 Ward)

Length of residence in city or town where death occurred 94 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Celestia A. Hodson

(a) Residence: No. 810 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Eugene Hodson

7. DATE OF BIRTH (month, day, year) Aug. 31. 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Josiah R. Bromwell

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Ann Applegarth

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Eugene W. Hodson

(Address) 810 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Vienna Md. Date April 7. 1937

19. UNDERTAKER John O. Cuntchell

(Address) 1900 Eutaw Place

20. FILED 19.. Registrar.

APR 6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1937 to Apr 5, 1937

I last saw her alive on Apr 3, 1937 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows: Date of onset

Myocardial Insufficiency
abt 3 wks. -
Senescent Arterio-
Sclerosis - prolonged

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carroll Lockart M. D.

(Address) 4 E Preston St

34232 34232 34232

HEALTH DEPARTMENT—CITY OF BALTIMORE 34232

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward) JOHNS HOPKINS HOSPITAL

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Wm H. Weesner

(a) Residence: No. Byron St. St., ... Ward. Daytona Beach Fla (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4 | 26 | 14

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME Owen Weesner

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Florence Bourn

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Daytona Beach Fla. Date April 7 1937

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED APR 5 - 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1937 to April 5, 1937

I last saw him alive on April 5, 1937 Death is said to have occurred on the date stated above, at 5:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - malignant	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-5-37

For what disease or injury? Brain Tumor

Name of operation Cerebellar exploration

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Hewetson III M. D.

(Address) Johns Hopkins Hospital

M. D. F. 34233

F 34233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 n Dallas St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Jeffries

(a) Residence: No. 105 n Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh NC

13. NAME Robert Jeffries

14. BIRTHPLACE (city or town) (State or country) NC

15. MAIDEN NAME Beatrice Jeffries

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Mattie Jeffries
(Address) 105 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place MT Auburn Date April 6 1937

19. UNDERTAKER Clay F Wilson
(Address) 1600 Brandley ave

Filed Apr 6 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 30 1937, to Mar 30 1937

I last saw him alive on Mar 30 1937 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Dec 1 1937

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. L. Wilson M. D.
Coroner

(Address) 50 Annapolis St

HEALTH DEPARTMENT—CITY OF BALTIMORE

34234 34234 X 95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eddie Galloway

(a) Residence: No. Annapolis MD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mail

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola Galloway

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 40 | Months — | Days — | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Richard Galloway

14. BIRTHPLACE (city or town) (State or country) MD.

15. MAIDEN NAME Elvira Spencer

16. BIRTHPLACE (city or town) (State or country) VA.

17. INFORMANT Loyd Galloway

(Address) Patapsco Park MD.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date April 6th 33

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brentwood

FILED 19 Registrar.

R 5 - 133

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3-33

22. I HEREBY CERTIFY, That I attended deceased from April 2 19 33 to April 3 19 1933

I last saw h alive on April 3 19 33 Death is said to have occurred on the date stated above, at 10-55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio -	?
Vascular disease	
Cerebral hemorrhage - right	4-1-33
Spastic hemiplegia - left	4-1-33

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B. Myers M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

34235

CERTIFICATE OF DEATH

V 92-NF 34235

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. ..... Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Isadore Silver

If U. S. Veteran specify WAR .....

(a) Residence: No. 1660 Warwick Ave St., Balto Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Julia

DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Mt Carmel Date 4/6/37

19. UNDERTAKER Jos Levi & Bro

(Address) 1132 E Balto St

FILED 6-1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/31/37, 19 to 4/5/37, 19

I last saw him alive on 4/5/37, 19 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Gastric Hemorrhage	
Rectal Stricture	
Rheumatic Heart Disease	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) M Jeffrey, M. D.

(Address) Sinai Hospital

22421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34236

CERTIFICATE OF DEATH

36-5 48 F 34236

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Elizabeth Whetzle

If U. S. Veteran specify WAR

(a) Residence: No. 517 Rappola St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry

7. DATE OF BIRTH (month, day, year) 8-15-1901

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Gordon Snavely

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Pink Desmond

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
MARION, VIRGINIA Date 4-6-37 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Balto. St

FILED 4-6-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1937 to 4-6, 1937

I last saw h alive on 4-5, 1937 Death is said to have occurred on the date stated above, at 6.42 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix uteri	1 yr
Other contributory causes of importance: Ovarian cyst	6 mo

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) W. Carstarphen, M. D.

(Address) Balto City Hosp

34237 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 34237

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Laura E. Lytle

If U. S. Veteran specify WAR .....

(a) Residence: No. STREET, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): July 27-1862

7. AGE: Years 74 | Months 8 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

13. NAME of father: Wm K Lytle

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

15. MAIDEN NAME of mother: Laura E Clark

16. BIRTHPLACE (city or town) (State or country): Harford Co Md.

17. INFORMANT (Address): Shade Street Shade Street Md.

18. BURIAL, CREMATION, OR REMOVAL: Place: Holy Cross Date: 4/8-37

19. UNDERTAKER (Address): C E Church & Son Jarrettsville Md.

4-6-1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1937 to 4/5, 1937

I last saw her alive on 4/5/37, 1937. Death is said to have occurred on the date stated above, at 10 40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Left Lower Lobe	4/3/37
Other contributory causes of importance:	
Hypertensive Cardio-vascular Disease	—

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? —

If so, how? ...

(Signed) Robert H Sive M. D.

(Address) Union Memorial Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34238

CERTIFICATE OF DEATH

95-F 34238

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William W. Peacock

If U. S. Veteran specify WAR .....

(a) Residence: No. 1602 Webster Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S. Peacock

6. DATE OF BIRTH (month, day, year) April 14, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman Fairfield

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. Md. Dairy. 6062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marysville Penna.

13. NAME Samuel A. Peacock

14. BIRTHPLACE (city or town) (State or country) Chambersburg Penna.

15. MAIDEN NAME Esther Eyer

16. BIRTHPLACE (city or town) (State or country) Chambersburg Penna.

17. INFORMANT Mrs. Harry W. Peacock

(Address) 1602 Webster Street

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date April 6, 37

19. UNDERTAKER Wm. J. Pietrowski Son

(Address) Baltimore, Md.

APR 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937 to April 3, 1937

I last saw him alive on April 3, 1937 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Cerebral thrombosis	
hypertension	
basal ganglia disease	
Cardiac decompensation	12-1-36

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Paul Schonfeld M.D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

34239 CERTIFICATE OF DEATH V65 F 34239

Registered No.

1. PLACE OF DEATH W. Balto Gen Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 18 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Edith Hipp

(a) Residence: No. 1940 Walbrook Ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of **********

DATE OF BIRTH (month, day, year) July 21, 1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Andrew Hipp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Edith Aler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Mr. Andrew Hipp 1940 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 7 1937

19. UNDERTAKER (Address) Wm. J. Lichtenberger Sons Funeral Parlors Washington, D.C.

APR 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to 4-5-37, 19..

I last saw her alive on 4-5-37, 19.. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage Date of onset

Other contributory causes of importance:

Was an operation performed? None Date of 4-4-37

For what disease or injury? Attempted abortion

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) WB. 2-H

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34240 ✓ F 34240

CERTIFICATE OF DEATH

27-882-3

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6207 York Rd St., 27 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine A Stallknecht

(a) Residence: No. 6207 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julius C Stallknecht

6. DATE OF BIRTH (month, day, year) June 10 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER FATHER

13. NAME August Stallknecht

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Katherine Kleeberger

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Elmer C Decker
(Address) 6207 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 7 1937

19. UNDERTAKER Sullivan Sulzner & Sons
(Address) North & Penna. Aves

20. FILED APR 5 1937 Harrington Williams Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4 1937

22. I HEREBY CERTIFY, That I attended deceased from February 9th 1937 to April 4 1937

I last saw her alive on April 4th 1937. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus.	
Other contributory causes of importance:	
I	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eldred Robert M. D.

(Address) 6010 York Road

F 34241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-8 F 34241

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 1-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Louise D. Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1604 Chilton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: James L. Jones

7. DATE OF BIRTH (month, day, year): 10/23/74

8. AGE — Years: 62 | Months: 5 | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: John Matthews

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Jas. L. Jones
(Address): 1604 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Louden Park Date: April 8 19 37

19. UNDERTAKER: Wm J. Dickey & Son
(Address): Balto & Pa.

20. FILED 4-8-1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/4, 1937, to 4/5, 1937

I last saw her alive on 4/5, 1937 Death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Ca of bladder	
(Duration)	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) D M Dixon M.D. M. D.

(Address) Bon Secours H.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34242

CERTIFICATE OF DEATH

E 34242

1. PLACE OF DEATH Home for Incurables 10-2 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 13- Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary alice Walton If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George Walton

7. DATE OF BIRTH (month, day, year) June 14, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	22 31	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

13. NAME Sanborn Worthen

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME Lucinda Tailor

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Home for Incurable Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 6 1937

19. UNDERTAKER Wm. J. Tighe & Sons
(Address) Harlem & Pine Ave

APR 6 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2 1936 to April 4 1937

I last saw her alive on April 4th 1937 Death is said to have occurred on the date stated above, at 5.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho Pneumonia	March 28 37
Other contributory causes of importance: Asthma and emphysema	1927

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? P. Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F Bruyo M. D.

(Address) Medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

34243 34243

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 E. FAYETT ST. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARGARET PIERSON

(a) Residence: No. 2331 E. FAYETTST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	WIDOW

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOSEPH PIERSON

6. DATE OF BIRTH (month, day, year) feb. 1 /1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

13. NAME JOHN BRANSBY.

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT MRS. JOHN SMITH

(Address) 2331 E FAYETT

18. BURIAL, CREMATION, OR REMOVAL

Place BALTO. CEM Date APR. 7 1937

19. UNDERTAKER Filly & Filbert Inc.

(Address) 403 WOLFE ST

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 4 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937 to April 4 1937

I last saw h.. alive on March 2 1937 Death is said to have occurred on the date stated above, at 3/45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1936
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. G. Reese M. D.

(Address) # 156 N. Milton Ave.

APR 6 - 1937

✓ F 34244

F 34244 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bernard J. Friedel.

(a) Residence: No. 1500 E. Hoffman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May. 15/1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad. Friedel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarala Jones.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Conrad Friedel (Father)

(Address) 1500 E. Hoffman. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr. 6 1937

19. UNDERTAKER Fabbs & Zeilenhorn

(Address) 402 S. Wolfe St.

20. Filed 19 Registrar

APR 6-1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leucemia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave.

34245 F 34245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Chester St. St. 6 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theodore J Hucht

(a) Residence: No. 208 N Chester St St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Veronica Hucht

7. DATE OF BIRTH (month, day, year) March 17 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Theodore Hucht

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary A Imwald

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Veronica Hucht (wife)

(Address) 208 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 7 1937

19. UNDERTAKER Tully & Zeiler Inc

(Address) 40-3 Dolphin

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1937 to Apr 4. 1937

I last saw him alive on Apr 4 1937. Death is said to have occurred on the date stated above, at 1155pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 37.
Other contributory causes of importance: Chronic Nephritis - Sclerosis	Apr 1928.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C N Meyer M. D.

(Address) 1520 E. 33 St.

APR 6 - 1937

Fredaricka Hellman ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34246

CERTIFICATE OF DEATH

82-a

F 34246

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 Scott St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fredericka Hellman

(a) Residence: No. 1103 Scott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Pete M. L. Hellman

6. DATE OF BIRTH (month, day, year) Aug. 9, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Hannie

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary H. Hellman

(Address) 1101 W. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date April 7, 19 37

19. UNDERTAKER Harry F. Cuttle

(Address) 4101 Edmondson Ave.

6-1937 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1936 to April 4, 1937

I last saw her alive on April 4, 1937 Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral arteriosclerosis	? 1936
Other contributory causes of importance: cerebral hemorrhage	3/21/37.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George F. Kump M. D.

(Address) 3030 Edmondson Ave

F 34247

HEALTH DEPARTMENT—CITY OF BALTIMORE F 34247

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 Washington Blvd St. 21-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 5 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mardia Quinn

(a) Residence: No. 1145 Washington Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Quinn

6. DATE OF BIRTH (month, day, year) Oct 28, 1894.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Charles Wegworth

14. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

15. MAIDEN NAME Lula Coleman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT Mr William D. Quinn

(Address) 1145 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4 / 8 / 1937

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 / 5 / 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4 1937 to April 5 1937

I last saw her alive on April 5 1937 Death is said to have occurred on the date stated above, at 1.55 A. M.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset .....

Other contributory causes of importance:

Cerebral Hemorrhage
Chronic Nephritis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meyer Eshman M. D.

(Address) 1935 Eutaw Pl

Huntington Williams, M.D.

APR 6 - 1937

F 34248

34248 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131 13530

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Annie H. Kremer
(a) Residence: No. 1701 Elkins Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank A. Kremer

7. DATE OF BIRTH (month, day, year) 3-25-1878

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Geo. Prince
14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Bennett
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/7/ 1937
19. UNDERTAKER C. H. Howard Evans
(Address) 1700 E. Baltimore St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-11 , 1936 to 4-4 , 1937
I last saw h[illegible] alive on 4-4 , 1937 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	Unk
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in Industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify
(Signed) John L. Ramsey M. D.
(Address) Baltimore City Hospitals

1-9 Bd Huntington Pathological Lab

M. D. B. 1268-9

F 34249

F 34249 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Dolle

(a) Residence: No. German Aged Home St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lorenz Dolle

7. DATE OF BIRTH (month, day, year) September 11, 1843

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marlburg, Hessen Germany

13. NAME Adam Schnill

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Klingelhofer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery ... April 7 ... 1937

19. UNDERTAKER Joseph H. Cook
(Address) 1003 N. Baltimore St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 ... 19 37

22. I HEREBY CERTIFY, That I attended deceased from Mch. 2 0/37. ... 19 ... to Apr. 5/37. ... 19 ...
I last saw her alive on Apr. 4/37. ... 19 ... Death is said to have occurred on the date stated above, at 7.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arterio Sclerosis.	Unknown
Other contributory causes of importance:	
Hypostatic Pneumonia.	Apr. 1/37.

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry Heed Stumbo M. D.

(Address) 933 Hanover St.

34250 F 34250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4902 Liberty Hgts Ave St. 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Marie Dever

If U. S. Veteran specify WAR

(a) Residence: No. 4902 Liberty Hts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of ~~late~~ of C. R. Dever

6. DATE OF BIRTH (month, day, year) Feb. 9, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Penn.

13. NAME Corbitt

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rose Perrin

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Husband 4902 Liberty Hts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date April 7 1937

19. UNDERTAKER Harry N. Armacost & Son
(Address) 4204 Ridgewood Ave

20. FILED 4-8-1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935 to Apr 5, 1937

I last saw her alive on Apr 5, 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Nov '34
Other contributory causes of importance:	

Was an operation performed? Yes Date of At intervals since June 1935

For what disease or injury? Tuberculosis of Lungs

Name of operation Pneumothorax

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas Thurston Ford, M. D.

(Address) Detroit Mich

4251

F 34251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 Penna Ave St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Palmeiro

If U. S. Veteran specify WAR

(a) Residence: No. 2638 Penna Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 26-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		11 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Died 10 D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Theodore Palmeiro

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Hazel Bennett

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Theodore Palmeiro

(Address) 2638 Penna ave.

18. BURIAL, CREMATION, OR REMOVAL

Mass Sturgeon Date April 6. 1937

19. UNDERTAKER Churchyard & Son

(Address) 615-17 Eastern Ave

20. FILED Huntington Williams Registrar.

1937 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1937, to April 6, 1937

I last saw him alive on April 5, 1937 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Foramen Ovale	3/26/37
Other contributory causes of importance: Premature Birth (2 mos Gestation)	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lewis Brown, M. D.

(Address) 1163 W Fayette Ave.

✓ F 34252

34252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 Fleet St., 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Swieczkowski

If U.S. Veteran specify WAR

(a) Residence: No. 1739 Fleet Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Swieczkowski

7. DATE OF BIRTH (month, day, year) 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Peter Osiecki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Frances Pubikowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Maliszewski

(Address) 513 S. Regester Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 7, 1937

19. UNDERTAKER John M Welsey & Son

(Address) 404 S. Chester St

20. FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937 to April 3, 1937

I last saw her alive on April 3, 1937. Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	April 3

Other contributory causes of importance:

Acidosis, Hypertension, Pulmonary Thrombosis (?)

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leo F. Kulacki M. D.

(Address) 126 S. Patterson Pk. Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34253

CERTIFICATE OF DEATH

F 34253

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 N. Bentalou St. 70-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Leonard,

(a) Residence: No. 103 N. Bentalou St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Leonard,

DATE OF BIRTH (month, day, year) April 5. 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	--	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year) About 1925

11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

13. NAME Joseph Leonard.

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Julia Shackelford.

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Mary L. Leonard,
(Address) 103 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date APR 8 1937

19. UNDERTAKER Geo N Sitler
(Address) 2700 Edmondson Ave.

20. FILED APR 8 - 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/2- 1937 to 4/5- 1937

Last saw h[illegible] alive on 4/4 1937 Death is said to have occurred on the date stated above, at 11 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Mitral Lesion	
Other contributory causes of importance:	
Hypertension	
Nephritis	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Emil Rehn M. D.

(Address) 2175 N Belt St

AA-5a 5-31 2508

F-34254 HEALTH DEPARTMENT CITY OF BALTIMORE F-34254

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Jail St., 3-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mervin Anderson

(a) Residence: No. 1424 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooks
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 6 - 1937
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/7/1937

22. I HEREBY CERTIFY, That I attended deceased from 3/4/1937 to 3/7/1937

I last saw him alive on 3/7/1937 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/6/37

Other contributory causes of importance:
Acute Alcoholism
Myocarditis
Arteriosclerosis Aortic

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas White M. D.

(Address) Balto City Jail

✓ F 34255

34255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH South Baltimore General — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Russell

(a) Residence: No. 122 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	DK.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of DK.

6. DATE OF BIRTH (month, day, year) — — 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. DK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) DK

MOTHER FATHER

13. NAME DK

14. BIRTHPLACE (city or town) (State or country) DK

15. MAIDEN NAME DK

16. BIRTHPLACE (city or town) (State or country) DK

17. INFORMANT Police Board + Hospital

(Address) Bath City

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 6 - 1937 19

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED [illegible] 1937 [illegible] Registrar

(SEAL)

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 3/26 —, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Right tibia & fibula	
Fractured ribs Rt chest	

Other contributory causes of importance: Septic Pneumonia - Decubitus

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 3/26, 1937

Where did injury occur? Light + Pratt Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Specify how injury occurred Struck by Auto while crossing Street

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert Greeley Coles M. D. Coroner

(Address) 917 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34256

CERTIFICATE OF DEATH

10 1F 34256

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 E Balto St. 5 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Diskin

If U.S. Veteran specify WAR .....

(a) Residence: No. 1022 E Balto St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced BUSBAND of (or) WIFE of: Late Freida

DATE OF BIRTH (month, day, year): 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Jacob Diskin

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Anna ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Oscar Diskin

(Address) 4334 13th N.E. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Rosedale Cemetery Date: April 6, 1937

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E. Balto St

20. 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1937, to April 5, 1937

I last saw him alive on April 5, 1937. Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3d
Other contributory causes of importance: Pulmonary lung	1d

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bayless M. D.

(Address) 2076 Eutaw

M. D. B. 1968-9

4257

✓ F 34257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Aged Womens Home 19-2

CITY OF BALTIMORE: (No. 1404 W Lexington St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME Instead of street and number.)

Length of residence in city or town where death occurred 3/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susannah Andrews

(a) Residence: No. 1404 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): May 9 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	11 10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: James Andrews

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Jane Graham

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary E Forestal

(Address) 1400 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place: Westerns Date: Apr 7 1937

19. UNDERTAKER: Vernon Kahner

(Address) 230 Edmondson Ave

20. FILED: 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-5 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1927 to April 5, 1937 19....

I last saw her alive on April 4, 1937 19.... Death is said to have occurred on the date stated above, at 4:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	? yrs
Arteriosclerosis.	
Nephritis chronic.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward B Jones M. D.

(Address) 1115 St. Paul St., City.

Spec.—9-30—A. & Co.—250 Blks.

✓ F 34258

34258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED No.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Allendale ST. 16-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Henry Herbert Duvall

(a) RESIDENCE No. 706 Allendale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Ada Duvall

6 DATE OF BIRTH (month, day, and year): Feb 14 1870

7 AGE: Years 67 Months 2 Days 21 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Clerk

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Clay Duvall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Margaret Mettee

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant (Address): Henry Clay Duvall 706 Cobalt St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4/5/37

17

I HEREBY CERTIFY, That I attended deceased from May 29th, 1937, to April 5th, 1937

that I last saw him alive on April 5th, 1937

and that death occurred, on the date stated above, at 11.A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Uremic poisoning

(duration) yrs. 6 mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Hammer M. D.

Apr 6 1937 (Address) 1929 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Apr 9 1937

20 UNDERTAKER: F. Vernon Kahler — ADDRESS 2301 Edmondson

F 34259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-S Ward)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Mosby

(a) Residence: No. 613 N Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/20/61

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Washington Mosby

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date April 7 1937

19. UNDERTAKER Robert F. Kiddiman
(Address) 515 N. Eldersley St

20. FILED ..... 19..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1937 to Apr 3 1937

I last saw him alive on Apr 3 1937 Death is said to have occurred on the date stated above, at 11 03 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	1935
with retention 137.2	
Kidney damage 133.6Y	

Other contributory causes of importance:

Cardiac disease ? 98.6Y	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Known Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Hooker M. D.

(Address) Johns Hopkins Hospital

✓ F 34260

34260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 3 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Armstrong

If U. S. Veteran specify WAR

3. (a) Residence: No. 1102 - Stockton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1919.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Errand Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor 1936

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert Armstrong

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elvira Foster

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date April 8 1937

19. UNDERTAKER Robert Waldron

(Address)

20. FILED 19

Registrar.

APR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to April 5, 1937

I last saw him alive on Apr. 5, 1937. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	3/17/37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Gelman M. D.

(Address) Lyndenhurst Hospital

A&Co. 5-31 250B

F 34261

4261

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 W Franklin St. 17-1 Ward)

Length of residence in city or town where death occurred 39 yrs. + mos. + ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Custus

(a) Residence: No. 635 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Custus

7. DATE OF BIRTH (month, day, year) ——— 1886

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	+	+	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Jobs.
10. Date deceased last worked at this occupation (month and year) Mar-37
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Custus

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Carrie Bordley

16. BIRTHPLACE (city or town) (State or country) Kent Co. Maryland.

17. INFORMANT Beatrice Custus
(Address) 635 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place W. Laurel Date 4/10 19 37

19. UNDERTAKER W. A. Dickson
(Address) 716 E. Fleming

20. FILED ——— 19 ——— Registrar.

1837

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1937, to 4/6, 1937

I last saw him alive on 4/5, 1937 death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
7 Days -	

Other contributory causes of importance:

Name of operation ——— Date of ———

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ——— Date of injury ——— 19 ———

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dan Frankel, M. D.

(Address) 1922 W Lee St

32 964 F 34262

32 34262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., Lot 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Ware

If U. S. Veteran specify WAR .....

(a) Residence: No. 540 Gold St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11/7/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Howard Ware

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Eula Smith

16. BIRTHPLACE (city or town) (State or country) S - Car -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/7 19 37

19. UNDERTAKER Wm A Jackson

(Address) 926 Penna ave.

FILED 1937 Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 , 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25 , 1937 to April 5 , 1937

I last saw him alive on April 5 , 1937. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	3-25-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stiller Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B 1263-9

34263

F 34263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Little Pine St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Bradley

(a) Residence: No. 904 Little Pine St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lucille Bradley (Friend)
(Address) 625 Pierce St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 7, 1937

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 222 N. Arlington Ave

20. FILED April 7 - 1937 Huntington Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. Found in Room

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. H. Reese Coroner, M. D.
Coroner

(Address) 12-15 Coroners

#22283 ✓ F 34264

34264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 25-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elizabeth Thiemeyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2815 Indiana Ave. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 2-27-1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME James Leonard

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine Smith

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 4-7-37

19. UNDERTAKER Frederick A Cole

(Address) 1200 W Lombard St

FILED 4-6-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1937 to 4-4, 1937

I last saw her alive on 4-4, 1937 Death is said to have occurred on the date stated above, at 3½ A m.

The principal cause of death and related causes of importance were as follows:

Subarachnoid Hemorrhage — Date of onset 8 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm F. Ramsey M.D.

(Address) Baltimore City Hospitals

34265 F 34265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Balto. Gen. Hosp. Registered No. 122-a

CITY OF BALTIMORE: (No. ..... St., 24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME [redacted] Louis Charles Frederick

(a) Residence: No. Rolling Rd. Catonsville Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Caroline S. Frederick

6. DATE OF BIRTH (month, day, year): December 13 1858

7. AGE — Years: 78 | Months: 3 | Days: 18 17 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pennsylvania RR

10. Date deceased last worked at this occupation (month and year): December 18, 1928

11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Louis C. [redacted] Frederick

14. BIRTHPLACE (city or town) (State or country): Hessen-Darmstadt Germany

15. MAIDEN NAME: Henrietta Naas

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mr. Edwin L. Frederick

(Address): Frederick Road, Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: April 8 1937

19. UNDERTAKER: Lott & Cook

(Address): 1003 E. Baltimore St.

FILED ... 19 ... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to April 5 1937

I last saw h[illegible] alive on April 5, 1937. Death is said to have occurred on the date stated above, at 2:50 P. m.

The principal cause of death and related causes of importance were as follows:

Strangulated right inguinal hernia — Date of onset: ...

Other contributory causes of importance: Pulmonary edema

Was an operation performed? Yes Date of April 4, 1937

For what disease or injury? Right inguinal hernia strangulated

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Joseph L. Hawkes, M. D.

(Address) S. B. Co. H.

34266 ✓F 34266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

111-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Guilford ave St. 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hearn

If U. S. Veteran specify WAR

(a) Residence: No. 3127 Guilford ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) April 22 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

13. NAME Richard Hearn

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME Rebecca Ford

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Dr A. E. Hearn

(Address) 3901 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cemetery Date Apr. 7, 1937

19. UNDERTAKER Chas. G. Blake

(Address) 742 W Fayette ave

Apr 7 1937 Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1936 to April 4, 1937

I last saw her alive on September 27 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Pneumonia	3/28 4/4
Other contributory causes of importance: old age	90 yr

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) H. E. Hearn M. D.

(Address) 3901 Garrison Blvd

34267 ✓ F 34267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 S. Washington St. 2-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Edwin Waggner

(a) Residence: No. 219 S. Washington St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mollie E.

6. DATE OF BIRTH (month, day, year) Oct 28 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. wharf Clerks.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamboat Co.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Josiah

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Anna E. Horney

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mollie E. Waggner

(Address) 219 S. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Apl 7 1937

19. UNDERTAKER Murphy Funeral Home

(Address) 42nd & Broadway.

20. Filed 1937 [illegible]

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ungiven (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ungiven (Inquest, Autopsy or Inquiry) find that said deceased came ... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	
Other contributory causes of importance: Coronary embolism	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) N. Winfield Singleton, M. D.

(Address) 1010 S. Ellwood Ave.

34268 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34268

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 John St. St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Everett

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1536 John St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Jones Everett

6. DATE OF BIRTH (month, day, year) 1876-5-12

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) About 6 months ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Thomas Everett

14. BIRTHPLACE (city or town) (State or country) Unknown England

MOTHER

15. MAIDEN NAME Elizabeth Wood

16. BIRTHPLACE (city or town) (State or country) Unknown England

17. INFORMANT Mrs. Annie L. Everett-Wife

(Address) 1516 John St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Apr 6, 1937

19. UNDERTAKER Stewart & Mowen Company

(Address) 108-10 North Ave

20. FILED 19 ... Registrar.

1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1936 to April 6, 1937

I last saw h[e] alive on April 4, 1937. Death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Interstitial Nephritis	
Mitral Insufficiency	
Other contributory causes of importance:	
Typhoid Fever	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation Salpingo-Ovariectomy

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Decker M. D.

(Address) 817 Mitchell Bldg

34269 ✓ F 34269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2614 N Charles St. (Ward) 12-6

Length of residence in city or town where death occurred 48 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 60 yrs. 0 mos. 13 ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Sarah McNeir Caulk

(a) Residence: No. 2614 N. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): March-24-1876

7. AGE: Years 61 | Months 0 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fidelity Deposit Co

10. Date deceased last worked at this occupation (month and year): Oct-12-1936

11. Total time (years) spent in this occupation: 25 yrs

12. BIRTHPLACE (city or town) (State or country): Annapolis A A Co. Md.

13. NAME OF FATHER: George Caulk

14. BIRTHPLACE (city or town) (State or country): Annapolis Md.

15. MAIDEN NAME OF MOTHER: Emma Brown

16. BIRTHPLACE (city or town) (State or country): Prudnt Co. Md.

17. INFORMANT: Miss Elizabeth Caulk

(Address) 2614 N Charles St

18. BURIAL, CREMATION, OR REMOVAL: Place Annapolis Md. Date Apr-8 1937

19. UNDERTAKER: Stewart & Myers

(Address) 1028 Mass Ave.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1937 to Apr 6 1937

I last saw her alive on Apr 6 1937. Death is said to have occurred on the date stated above, at 11.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer breast -	
Metastases in spine - pelvis	
femur - abdomen -	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Oct 1935

For what disease or injury? Cancer breast

Name of operation Radical removal breast - microscopic

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Dorsey Gherty M. D.

(Address) 37 W Preston St.

F 34270

34270 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Bryant St 14-W Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arnette Thompson

(a) Residence: No. 1410 Bryant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 24 1936

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joshua Thompson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Adele Blackwell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Adele Thompson

(Address) 1410 Bryant St

18. BURIAL, CREMATION, OR REMOVAL

Place MD Cemetery Date 4-7 1937

19. UNDERTAKER Jas. W. S. Hammond

(Address) 1100 W. Mad. St.

FILED APR 7 1937 E. Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 1937 to April 4 1937

I last saw h alive on April 4 1937 Death is said to have occurred on the date stated above, at 3.30p m.

The principal cause of death and related causes of importance were as follows:

Cruty Bronchus — Pneumonia (Primary)

Date of onset: Mar 21 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dwight L. Allen M. D.

(Address) 500 Dispatch St

F 34271

F 34271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH 904 Edmondson Ave. Registered No. 16-1

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify W.A. No Record

2. FULL NAME Priscilla Matthews

(a) Residence: No. 904 Edmondson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm W. Matthews

6. DATE OF BIRTH (month, day, year) Sept 14 1848

7. AGE | Years 88 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X | 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Sept 14 1848

MOTHER FATHER

13. NAME Peter Thomson

14. BIRTHPLACE (city or town) (State or country) Worcester Co Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Worcester Co Md

17. INFORMANT Mrs Mary R. Pratt

(Address) 1423 N. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL Pocomoke City Md Date April 7 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED APR 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 9 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Adam Kramer M. D. Coroner

(Address) 1215 Hanover St

34272 E 34272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5108 Richard Ave. St., 27-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran No specify WAR

2. FULL NAME Charles Bender

(a) Residence: No. 5108 Richard Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna L. Bender

7. DATE OF BIRTH (month, day, year) June 5, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Tuner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Am. Piano Co.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jacob Bender

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Rosa Lober

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna L. Bender

(Address) 5108 Richard Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkward Date 4/8 19 37

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1937 to Apr 5, 1937

I last saw him alive on Apr 5, 1937 Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Probably — Duration Several years.

Other contributory causes of importance:

Cardiac Decompensation — Apr 3 1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Green M. D.

(Address) 6543 Harford Rd Baltimore Md.

F 34273

F 34273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify War No Record

2. FULL NAME Nellie C. Timson

(a) Residence: No. Glenburnie Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Brattleboro Vt.
(State or country)

FATHER

13. NAME Richard Timson

14. BIRTHPLACE (city or town) Brattleboro Vt.
(State or country)

MOTHER

15. MAIDEN NAME Minnie Carter

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Florence Marshall
(Address) Glenburnie

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date April 9th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED APR 7 1937 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, ...

(Signed) W. H. C. Nelson M. D.
Coroner

(Address) 2757 Ulman Ave

34274 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34274

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 N. Gay St. 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Elizabeth Winchester If U. S. Veteran specify WAR or Regt.

(a) Residence: No. 826 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ (or) WIFE of James H. Winchester

6. DATE OF BIRTH (month, day, year) Nov 24th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William T. Rose

14. BIRTHPLACE (city or town) (State or country) London England

15. MAIDEN NAME Eleanor Pyt

16. BIRTHPLACE (city or town) (State or country) Worcestershire England

17. INFORMANT Eleanor P. Winchester

(Address) 826 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date April 8th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1937 April 19th Registrar Wm. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3 1937 to April 5 1937

I last saw her alive on April 5 1937 Death is said to have occurred on the date stated above, at 8:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 days
Other contributory causes of importance:	
Chronic myocarditis	3 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Pearce M. D.

(Address) 1 W. Preston

F 34275 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34275

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5261 (St.) Reisterstown Rd (Ward) 18

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. McQuay

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5261 Reisterstown St. Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie E.

6. DATE OF BIRTH (month, day, year) Aug 6 1857

7. AGE — Years 79 | Months 8 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self
10. Date deceased last worked at this occupation (month, year) 1936
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER
13. NAME Robert E McQuay
14. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Nellie E McQuay
(Address) 5261 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 4/8/37

19. UNDERTAKER William Cook
(Address) 217 St Paul St

20. FILED [illegible] 19[illegible] [illegible]
(Registrar)

MEDICAL CERTIFICATE OF DEATH 4:30 am

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1935 to April 6, 1937
I last saw him alive on April 5, 1937. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of Thrust Cerebral Hemorrhage	April 5.
Other contributory causes of importance: Arterio-Sclerosis	[illegible]

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. B. Burns, M. D.
(Address) 4936 Park Heights Ave Balto. Md

F 34276

34276 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 8-4 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify War No Record

2. FULL NAME Annie O'Rourke

(a) Residence: No. 2316 E. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Owen O'Rourke

DATE OF BIRTH (month, day, year) Sept 4 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 03

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

13. NAME Peter Fullerton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Coughland

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Owen O'Rourke

(Address) 2316 E Biddle St

BURIAL, CREMATION, OR REMOVAL

Place St Pauls Cemetery Va Date April 7th 1937

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937 to April 6, 1937

I last saw her alive on April 6, 1937 Death is said to have occurred on the date stated above, at 3 20/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-30-37
Arterio-Sclerotic Heart Disease?	
Other contributory causes of importance:	

Was an operation performed? Yes Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. H. Isaacs, M. D.

(Address) St. Joseph's Hosp.

218831

F 34277

34277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Casper Ries

If U. S. Veteran specify WAR

(a) Residence: No. 1442 Carroll St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary

7. DATE OF BIRTH (month, day, year): 2-5-1855

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. J.

13. NAME: John Reis

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Barbara Hemhauser

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 8, 1937

19. UNDERTAKER: Margaret E. Flynn

(Address) 1422 Light St.

20. FILED ... 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1937 to 4-6, 1937

I last saw him alive on 4-6, 1937 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	Unk
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey, M. D.

(Address) Baltimore City Hospitals

1 1937

22423

34278 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34278

CERTIFICATE OF DEATH

1-141-92a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 14-2 Ward.)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Harvey

If U. S. Veteran specify WAR

(a) Residence: No. 636 Pitcher St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-21-1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Amos Harvey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rebecca Pennington

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Green Bath 6° Date Jun 8 1937

19. UNDERTAKER Samuel M. Chase & Son
(Address) 638 N. Gilmor St

20. FILED ... 19 ... Registrar
7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1937 to 4-6 1937
I last saw him alive on 4-6 1937. Death is said to have occurred on the date stated above, at 1.30 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miscarriage	
duration 6 mos.	
Other contributory causes of importance:	
mitral stenosis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. A. Hooper M. D.

(Address) Balt. City Hosp.

34279 E 34279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

26-4

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Odell Ave., St., Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John D. Suddoth

(a) Residence: No. 1700 Odell Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Birdie Suddoth

6. DATE OF BIRTH (month, day, year) Aug. 15, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bethany, W.Va.

MOTHER FATHER

13. NAME John T. Suddoth

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary C. Carley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Birdie Suddoth

(Address) 1700 Odell Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Apr. 7 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED Apr 7 1937 Arlington Williams Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 19 30 to April 4 1937

I last saw h[illegible] alive on April 4 1937 Death is said to have occurred on the date stated above, at 5.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cirrhosis of Liver	
Other contributory causes of importance:	
Interstitial Nephritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos J. Peterman M. D.

(Address) 3919 Eastern Ave. Balt Md

F 34280 HEALTH DEPARTMENT—CITY OF BALTIMORE 34280

CERTIFICATE OF DEATH

146-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Aisquith St., 9-8 (Ward)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillie Hartman

(a) Residence: No. 2310 Aisquith St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter F. Hartman

6. DATE OF BIRTH (month, day, year) Apr. 3, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter F. Hartman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emma Buhman

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Walter Hartman

(Address) 2310 Aisquith St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Apr. 7, 1937

19. UNDERTAKER John F. Dennis

(Address) 716 E. 20th St

20. FILED Apr 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1937, to Apr 3, 1937

I last saw h[illegible] alive on Apr 3 1937. Death is said to have occurred on the date stated above, at 8.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ovarian Carcinoma	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Feb 17/37

For what disease or injury? Carcinoma

Name of operation Exploratory abdominal

What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jacob Tuska, M. D.

(Address) 1823 E. Lanvale St

Helena Klemmer

34281 F 34281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Bayard St. St. 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helena Klemmer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1111 Bayard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) [illegible] Germany
(State or country)

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) [illegible]
(State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) [illegible]
(State or country)

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Cem. Date April 8, 1937

19. UNDERTAKER Charles W. Dill.
(Address) 3107 Frederick Ave.

20. FILED 19 [illegible]

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) [illegible] 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above at 12.10 P.M.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) 1039 Edmondson Ave. M. D.
Coroner

(Address) Thos. H. Phillips

F 34282 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34282

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 S. Caroline St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Skroggs

(a) Residence: No. 415 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single-common law wife of Silas Smithers

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 15 1904

7. AGE: Years 33 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Anne Arundel Co. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Jane Smithers

(Address) 815 Plum Alley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/7/27. 19

19. UNDERTAKER: Harold L Brown & Sons

(Address) 105 W Montgomery St

20. FILED ... 19 ... Registrar.

APR 7 1927 Lexington Willkens, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 4, 1927

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and view the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. Knight, M. D. Coroner

(Address) 1010 S. Ellwood Ave.

F 34283

34283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elaine Selin (21490)

(a) Residence: No. 3812 Hudson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Obrik

6. DATE OF BIRTH (month, day, year) August 26, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME William (D)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louise Booker (D)

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 4/9 19 37

19. UNDERTAKER Chas. J. Linda
(Address) 2311 Hudson St

20. FILED 19 Registrar.

7 1937 Washington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to April 6, 1937

I last saw her alive on April 6, 1937 Death is said to have occurred on the date stated above, at 9:15 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lewis H. Feldman M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34284

CERTIFICATE OF DEATH

F 34284

Registered No. 109

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

if U. S Veteran specify WAR

2. FULL NAME Richard Matthews

(a) Residence: No. 209 N. Poppleton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.,	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Matthwes

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henery Matthews

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Pauline Matthews

(Address) 209 N. Poppliton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 9, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 E Lexington St. Huntington Williams, MD

FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) , M. D.

Coroner

(Address)

327025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34285

CERTIFICATE OF DEATH

F 34285

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Geo. W. Matthews

(a) Residence: No. Lutherville St., Ward. md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: -X-

6. DATE OF BIRTH (month, day, year): ? 1872

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME Charley Matthews

14. BIRTHPLACE (city or town) (State or country): Miss

MOTHER

15. MAIDEN NAME Matilda - ?

16. BIRTHPLACE (city or town) (State or country): miss

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date April 7 '37

19. UNDERTAKER Mrs. Geo. W. Ballard

(Address) 631 Druid Hill Ave

20. FILED 1937 Wellington Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28 1937 to April 5 1937

I last saw h. alive on April 5. 1937 Death is said to have occurred on the date stated above, at 12-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Feb '37.
Cystitis	
Gangrenous cystitis	

Other contributory causes of importance: Benign prostatic hypertrophy

Was an operation performed? Yes Date of 3/24/37

For what disease or injury? Urinary obstruction

Name of operation Cystotomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Hurley M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

34286 F 34286

CERTIFICATE OF DEATH

22395 ✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Columbia Duke

If U. S. Veteran specify WAR .....

(a) Residence: No. 867 Linden Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Duke

6. DATE OF BIRTH (month, day, year) 1-13-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62 Yrs 8	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Lin VesSels

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Roberta Garbbage

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 8 '37

19. UNDERTAKER Mc Geo N. McLeand
(Address) 1631 Pennsylvania Ave

20. FILED APR 7-1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1937 to 4-5 1937

I last saw h er alive on 4-5 1937 Death is said to have occurred on the date stated above, at 1 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Ser Wks
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 34287 HEALTH DEPARTMENT—CITY OF BALTIMORE B 34287

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhow Hospital St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella May Zoomer

If U. S. Veteran specify WAR

(a) Residence: No. 105 N. Bond St. St., Ward. Smithfield Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7, 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithfield Va

13. NAME George Rogers

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Lena May Zoomer

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date April 7 1937

19. UNDERTAKER E Roy O Wilson

(Address) 1012 Brantley ave

20. FILED 19 Registrar

APR 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24 1937, to April 3, 1937

I last saw her alive on April 3, 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	3/18/37
Lobar Pneumonia	3/24/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Salmon M. D.

(Address) Lyderhow Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34288 F 34288

CERTIFICATE OF DEATH

107-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 22377 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Smith

(a) Residence: No. 29 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ?	?		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date April 8 1937

19. UNDERTAKER (Address) Edw. Bryan 1241 Orleans St.

20. FILED Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1937 to 4-3 1937

I last saw him alive on 4-2 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 das
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hospitals

F 34289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 464 F 34289

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 S CAROLINE St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 33 yrs. mos. ds.

2. FULL NAME JOSEPH P. BRUNO

If U.S. Veteran specify WAR

(a) Residence: No. 404 S. CAROLINE St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	WHITE	MARRIED

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of JULIA BRUNO

7. DATE OF BIRTH (month, day, year) 6/22/1878

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GENERAL CONTRACTOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SEWER WORK

10. Date deceased last worked at this occupation (month and year) Feb 14

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) RAPINE - PROVINCE OF CHIETI ITALY

13. NAME ALEXANDER

14. BIRTHPLACE (city or town) (State or country) RAPINE - PROVINCE CHIETI ITALY

15. MAIDEN NAME UNKNOWN - DALMITA

16. BIRTHPLACE (city or town) (State or country) RAPINE - PROVINCE CHETI ITALY

17. INFORMANT VINCENT PETRELLA

(Address) 404 S. CAROLINE ST

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 7 193

19. UNDERTAKER Mendell & Ripple

(Address) 1402 E. Monument St.

20. FILED 193 Elston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937 to April 4, 1937

I last saw him alive on April 4, 1937 Death is said to have occurred on the date stated above, at 10 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head Pancreas	6 mo
Cirrhosis Liver (Portal	3 wks
Other contributory causes of importance:	
Acute Jaundice	6 wks

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Bonello M. D.

(Address) 4712 Frederick Ave.

F 34290

M. D. B. 1268-9

34290 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md. Gen. Hospital
CITY OF BALTIMORE: (No. ..... St. 11-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Pearlie Lee

(a) Residence: No. Darlington Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ira Lee

6. DATE OF BIRTH (month, day, year) March 20 1916.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Filton N C.

FATHER

13. NAME Gordon Bull.
14. BIRTHPLACE (city or town) (State or country) N C.

MOTHER

15. MAIDEN NAME Nannie Bleavin
16. BIRTHPLACE (city or town) (State or country) Ga Ga.

17. INFORMANT (Address) Darlington Md.

18. BURIAL, CREMATION, OR REMOVAL Place Dublin Md. Date April 9, 1937

19. UNDERTAKER H S Bailey (Address) Darlington Md.

20. FILED APR 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: Post partum Sepsis

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. Mann Crane M. D. Coroner
(Address) 1215 Hanover St.

1291 E 34291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-11 82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Northway St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry W. Chalmers

(a) Residence: No. 220 Northway St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Chalmers

6. DATE OF BIRTH (month, day, year) October 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER FATHER

13. NAME Philemon Chalmers

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Catherine Wilhelm

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Mr. Clarence Miller (Address) 220 Northway

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date April 7, 1937

19. UNDERTAKER Wm. J. Tuckerman & Son (Address) Pratt & Pa Ave.

20. FILED Huntington Nitkewicz Reg. APR 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937, to Apr 4, 1937

I last saw h.... alive on Apr 4, 1937. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	[illegible] 20
Other contributory causes of importance: Cerebral Apoplexy	Mch 30,

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) M. Bowman Good M. D.

(Address) 2200 Garrison Blvd

6705

HEALTH DEPARTMENT—CITY OF BALTIMORE

34292

CERTIFICATE OF DEATH

F 34292

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 7-5 ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME William Bolden

(a) Residence: No. 12 N 44 Sp Pl St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-25-98

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Robert Bolden

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Emily Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) ...

18. BURIAL, CREMATION, REMOVAL Place Catonsville Md Date April 8 1937

19. UNDERTAKER V. G. Brooks

(Address) 1463 McCulloh St

20. FILED ... 19... ... Registrar

APR 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937, to April 5, 1937

I last saw him alive on April 5, 1937. Death is said to have occurred on the date stated above, at 5.15 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset Mar 16

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Frederick C Wallace M. D.

(Address) Johns Hopkins Hospital

21002

F 34293

34293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME John Scott

(a) Residence: No. 1507 E. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Betty (Dead)

6. DATE OF BIRTH (month, day, year): 8-2-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	61	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Cordelia

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: UNIVERSITY MEDICAL SCHOOL APR 7 - 1937

19. UNDERTAKER: Per M. A. Moore

(Address)

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-5- 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-10 1937 to 4-5- 1937

I last saw him alive on 4-5- 1937 Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Lobar Pneumonia	8 days
Other contributory causes of importance: Cardiac Insufficiency	Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Ramey, M.D.

(Address) Baltimore City Hospital

34294 ✓ F 34294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Ward) 27-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 Yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Knoske

If U.S. Veteran specify WAR ...

(a) Residence: No. 2711 Goodwood Rd., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jonas C Knoske

6. DATE OF BIRTH (month, day, year): Oct 14 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Dont Know

14. BIRTHPLACE (city or town) (State or country): Ger

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Ger

17. INFORMANT (Address): Mrs Jno H Smith 2711 Goodwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: April 9 1937

19. UNDERTAKER (Address): John Ulmer 2008 Orleans St

20. FILED: Huntington Williams 4-9-37

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937 to April 6 1937

I last saw h[illegible] alive on April 6 1937. Death is said to have occurred on the date stated above, at 12 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-21-37
Arterio clerotic Heart disease	?
Hypertension	?
Other contributory causes of importance:	
Terminal Bronchopneumonia	4-3-37

Was an operation performed? Yes Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. H. Dooner, M. D.

(Address) St. Joseph's Hosp.

34295 ✓ F 34295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 W. Lanvale St. 17-3 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William E. Matthews

(a) Residence: No. 503 W. Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~): Zella Matthews

6. DATE OF BIRTH (month, day, year): Feb. 10, 1905

7. AGE: Years: 32 | Months: 1 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: Baltimore Paper Box Co.

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 10 yrs.

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Edgar Matthews

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Lillian Smith

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Annie R. Monroe (Aunt) 503 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL: Arbutus Mem. Pk. Apr. 8- 1937

19. UNDERTAKER (Address): John M. Johnson 1700 Druid Hill Ave.

20. [illegible] Huntington Williams M.D.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26 1937 to April 6 1937

I last saw her alive on April 5 1937 Death is said to have occurred on the date stated above, at 2:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension from	
Endocarditis + nephritis	over
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Huntington Williams, M. D.

(Address) 1202 Druid Hill Ave

M. D. F. 1268-9

F 34296

34296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. N. Broadway St. No 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catherine Hughes

(a) Residence: No. 6804 Holabird Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Hughes

6b. DATE OF BIRTH (month, day, year): Sept. 13, 1865

7. AGE: Years 72 | Months 2 | Days 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Felix Doyle

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Margaret Logan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: James A. Hughes

(Address) 6759 Woodbine Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date April 9, 1937

19. UNDERTAKER: Richard F. Cullen & Bro.

(Address) 1341 Gorsuch Ave

FILED 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-2-37. 19 to 4-6-37. 19

I last saw her alive on 4-6-37. 19 Death is said to have occurred on the date stated above, at 1:00 p m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis acute, perforated Peritonitis generalized — Date of onset 4-1-37

Other contributory causes of importance:

Diabetes mellitus — ?

Name of operation CHOLECYSTECTOMY Date of 4-2-37

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury. 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Ackerman, M. D.

(Address) Church Home & Infirm.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34297

CERTIFICATE OF DEATH

F 34297

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. 515 N. Monroe St., 20-1 Ward)

Length of residence in city or town where death occurred 17 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Hazel Courts

(a) Residence: No. 515 N Monroe St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Newton A. Courts.

6. DATE OF BIRTH (month, day, year): Sept. 24-1893.

7. AGE: Years 43 | Months 6 | Days 12/13 | If LESS than 1 day, ____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio.

13. NAME: Wm. Keehler.

14. BIRTHPLACE (city or town) (State or country): Ohio.

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT: Newton A. Courts.
(Address): 1910 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cleveland Ohio. Date: Apr. 5-1937

19. UNDERTAKER: Charles J. Schwab
(Address): 505 N. Monroe St. Huntington Williamson W. Va.

APR 7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1937 to 4-6, 1937.
I last saw her alive on 4-6-, 1937. Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Abscess -	
	0124

Other contributory causes of importance:
Intestinal obstruction
Fecal fistula.
Was an operation performed? Yes Date of: Exploratory vaginal 2-17-37 Fistulectomy 3-11-37

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. J. Nicholson, M. D.
(Address) University Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34298

CERTIFICATE OF DEATH

8-193-F 34298

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 North Broadway St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY JANE TAYLOR

(a) Residence: No. 1227 North Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced (or) WIFE of Samuel Taylor

6. DATE OF BIRTH (month, day, year) Oct. 26, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

13. NAME Cornelious McDevitt

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Jeanette Patterson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jennie Taylor

(Address) 1227 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Apr. 9th 1937

19. UNDERTAKER Chas. H. Grace & Son

(Address) 18 W. Mt. Royal Ave

Huntington Williams, M.D. Registrar.

FILED 7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27- 1936 to April 5 1937

I last saw her alive on April 5, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	Feb 23

Other contributory causes of importance: Chronic Nephritis Under

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Richardson M. D.

(Address) 1122 N. Eutaw St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34299

CERTIFICATE OF DEATH

108

F 34299

Registered No.

1. PLACE OF DEATH Church Home & Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 19-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR Md

2. FULL NAME Joseph C. Bacon

(a) Residence: No. 1610 Montpelier St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen M. (Murphy)

6. DATE OF BIRTH (month, day, year) 5-4-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER'S MAIDEN NAME

13. NAME Thomas Bacon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Martha Keating

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ellen M. Bacon

(Address) 1610 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/9/37

19. UNDERTAKER George D. Pentz & Son

(Address) 1738 Hanford Ave

Registrar.

APR 7-1937

APR 7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937 to April 6 1937

I last saw him alive on April 6 1937. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4/3/37

Other contributory causes of importance:

Agranulocytosis

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? C.L. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A. Myers M. D.

(Address) Church Home & Inf.

34300 F 34300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Greenebaum Miriam Bruenebaum

(a) Residence: No. Sinai Hospital Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sehers Gruenebaum

6. DATE OF BIRTH (month, day, year) Mar. 4, 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	97	1	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME — Rosenstock

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Schenkein

(Address) 100 N. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Balto. Hebrew Cy. Date Nov. 8 . 1937

19. UNDERTAKER David Sondheim & Son

(Address) 1702 Eutaw Place

Huntington Williams, Inc.

-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27. . 1937. to April 5 . 1937

I last saw h[illegible] alive on April 5 . 1937 Death is said to have occurred on the date stated above, at 2:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, type undetermined	3-30 37
Pulmonary edema	4-2-37
Hemiplegia (left)	3-27 37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bernard Lichman M. D.

(Address) Sinai Hospital

✓ F 34301

34301 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Eutaw Place & Wilson St. Marlborough Apts. St. 1st-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward M. Likes

(a) Residence: No. Marlborough Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie A. Likes

6. DATE OF BIRTH (month, day, year) June 12, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Adjuster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Likes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lina Rosenthal

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. Albert Likes, Marlborough Apts.

18. BURIAL, CREMATION, REMOVAL
Place Baltimore Cem. Date Apr. 8, 1937

19. UNDERTAKER (Address) Harry Sondheim & Son. 1902 Eutaw Place

1931 Huntington Ave. Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1936 to April 1937.

I last saw him alive on April 6, 1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. nephritis	
Hypertension	
Ch. Myocarditis	

Other contributory causes of importance: arterio sclerosis

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard J. Cohen, M. D.

(Address) Marlborough Apts.

F 34302

4302 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran (specify WAR)

2. FULL NAME Eugene M. Reilly

(a) Residence: No. Newberry Ave. & Hayward Heights Ward. Balto Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pl Sh

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Patrick Reilly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Ostseiffer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Philip Reilly Newberry Ave. & Hayward Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 6, 1937

19. UNDERTAKER Mc Kew Fisher & Son

(Address) 1529 E. North Ave.

20. FILED 19 Registrar

APR - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Paul Schreiber, M.D. M. D.

Coroner

(Address) 1712 E. North Ave.

F 34303

34303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) (Ward)
Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Mr Courtney L. Price
(a) Residence: No. 31 E. Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna L. Price

6. DATE OF BIRTH (month, day, year) Oct. 3. 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Postal Tel Co.
10. Date deceased last worked at this occupation (month and year) 0.32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Easton (State or country) Md.

FATHER
13. NAME James Price
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Edna L. Price
(Address) 316 Hill St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet, Date April 5 1937

19. UNDERTAKER John J. Feeney
(Address) 715 Light St.

20. FILED ..... 19 ..... Registrar.

4 - 1937 Washington Hillsboro, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/30/37, 19 ..... to 4/6/37, 19 .....
I last saw him alive on 4/6/37, 19 ..... Death is said to have occurred on the date stated above, at 1.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	?
Strept. Viridans Septicemia.	
Other contributory causes of importance:	
Lobar Pneumonia.	3/23/37

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Josiah A. Hunt. M. D.
(Address) Md. Gen. Hosp.

Spec.—9-30—A & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34304 CERTIFICATE OF DEATH. 131 F 34304

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No) Franklin Square Hosp (Ward) 16-6

2 FULL NAME Pocahontas M. Chambers.

(a) RESIDENCE NO. 2839 W. Lafayette St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	wh	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Chambers

6 DATE OF BIRTH (month, day, and year) Feby 12, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	0	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Port Tobacco Md.

PARENTS

10 NAME OF FATHER John A. Briscoe

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary Co. Md.

12 MAIDEN NAME OF MOTHER Mary V. Hochammuth

13 BIRTHPLACE OF MOTHER (City or town) (State or country) St Mary Co Md

14 Interment (Address) Wm. M. Chambers Elliott City Md.

15 Filed 7-1937 19 Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6. 1937

17 I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1937, to Apr. 6, 1937, that I last saw her alive on Apr. 5, 1937, and that death occurred, on the date stated above, at 1:00 a m.

The CAUSE OF DEATH* was as follows:

Abscess liver with perforation causing peritonitis & nephritis

over

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy.

(Signed) D. T. Battaglia M. D.

(Address) Franklin Sq. Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Green Mount DATE OF BURIAL: April 8 1937

20 UNDERTAKER: John O. Mitchell Sons ADDRESS: 1900 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34305 ✓ 34305

CERTIFICATE OF DEATH

125 B

27-13

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 Beechdale Road St., ... Ward.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME GRACE CARSWELL GREENFIELD

(a) Residence: No. 8 Beechdale Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Greenfield

6. DATE OF BIRTH (month, day, year) Feby. 14. 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert S. Carswell

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Isabelle R. Jackson

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Isabel Carswell

(Address) 4913 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date April 8. 1937

19. UNDERTAKER John O. Mitchell Sons Co.

(Address) 1900 Eutaw Place

20. FILED APR 7 - 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1936 to Apr 6 1937

I last saw h... alive on Apr 6 1937 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Cardiac hypertrophy	
(Coronary thrombosis)	
Other contributory causes of importance: Arteriosclerosis - Uremia - Cerebral embolism - Coronary occlusion - Anasarca	
Operation - Ovaries, kidneys	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John E. Lee M. D.

(Address) 701 Cathedral St.

34306 Ethel L. Lawrence ✓ F 34306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH South Baltimore General Hospital
CITY OF BALTIMORE: (No. 1213 Light St. Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ethel L. Lawrence
(a) Residence: No. 416 W Pratt St. St., Ward. Helen Kentucky
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: H. K. Lawrence
6. DATE OF BIRTH (month, day, year): January 1, 1890
7. AGE — Years: 47 | Months: 3 | Days: 7 | If LESS than 1 day, hrs. or min.:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Accountant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Wholesale Grocery
10. Date deceased last worked at this occupation (month and year): February 1937
11. Total time (years) spent in this occupation: 20 years
12. BIRTHPLACE (city or town) (State or country): Kansas
13. NAME: Frank Mathies
14. BIRTHPLACE (city or town) (State or country): Iowa
15. MAIDEN NAME: Lizzie Libbey
16. BIRTHPLACE (city or town) (State or country): Ellen Point Illinois
17. INFORMANT: Mrs. Lizzie Mathies
(Address): 416 W. Pratt St.
18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem. Date: April 8, 1937
19. UNDERTAKER: Ralph B. Cook
(Address): 1005 W. Baltimore St.
20. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7, 1937
22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937 to April 7, 1937
I last saw her alive on April 6 1937 Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcenomatosis	
Other contributory causes of importance: over	

Was an operation performed? yes Date of 4-7-37
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy? yes.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James L. Webb, M. D.
(Address) 1213 Light St.

4-7-1937

M. D. B. 1268-9

✓ F 34307

34307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 N. Patterson Park Ave. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Florence Elizabeth Cungeman

(a) Residence: No. 1216 N. Patterson Pk. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Conrad Cungeman

6. DATE OF BIRTH (month, day, year) January 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	2	17 days	

OCCUPATION	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	at home
10. Date deceased last worked at this occupation (month and year)	September 1936
11. Total time (years) spent in this occupation	30 yrs.

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

13. NAME Alexander Jefferson Lloyd

14. BIRTHPLACE (city or town) (State or country) Wales British Isles

15. MAIDEN NAME Mary Elizabeth Stewart

16. BIRTHPLACE (city or town) (State or country) Frank Leroy Crumbacker Maryland

17. INFORMANT Elsie Bowman

(Address) 4108 5th St. Pattersonpk

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 10 1937

19. UNDERTAKER John C. Miller

(Address) 2433-35 E. Monument St.

20. FILED 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1936, to April 7, 1937

I last saw her alive on April 7, 1937 Death is said to have occurred on the date stated above, at 8 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 10 1937
Other contributory causes of importance: Hypertensive Cardio Vascular Disease	June 1933

Name of operation None Date of

What test confirmed diagnosis Clinical Picture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Karl Cungeman M. D.

(Address) 1212 N. Patterson Park Ave

4308 F 34308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 N. Montford Ave St. 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick J. Schelle

If U. S. Veteran specify WAR

(a) Residence: No. 412 N. Montford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R. Schelle

6. DATE OF BIRTH (month, day, year) Sept. 16-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Biscuit Co.

10. Date deceased last worked at this occupation (month and year) Mch 37

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Peter S. Schelle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Philomena Busch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Anna R. Schelle
(Address) 412 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethlehem Date April 9 1937

19. UNDERTAKER E. Miller & Son
(Address) 2334 Jefferson St.

20. 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1937 to April 5, 1937

I last saw him alive on April 5, 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	4-1-37
Other contributory causes of importance:	
Chr. Cardio Renal Disease	ovr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Frank Lloyd M. D.

(Address) 1205 E. Monument St

✓ F 34309

34309 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 Westgate Rd St. 28-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theresa Hodes Strohmer

(a) Residence: No. 433 Westgate Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced (or) WIFE of Herbert A.

7. DATE OF BIRTH (month, day, year) January 12-1868

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	24 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Hodes

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Avalina Deeter

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elanie Lesaine
(Address) 433 Westgate Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. 4/9 37
Forge to Fuchs & Walton & Lafayette

19. UNDERTAKER Huntington Williams, Inc.
(Address)

APR 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6- 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28- 1937, to April 6- 1937.

I last saw h.e.r alive on April 5- 1937. Death is said to have occurred on the date stated above, at 1:36 p.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4-2-37

Other contributory causes of importance:

Influenza — 3-28-37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) Chester Rikund., M. D.

(Address) 2532 Edmondson Ave.

M. D. P. 1268-9

✓ F 34310

34310

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-482-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 801 N. Monroe St., 16 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Fuller

(a) Residence: No. 801 N Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of George W. Fuller

6. DATE OF BIRTH (month, day, year) Jan 29 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Cornelius Tuttle

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah O'Neill

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT George W. Fuller

(Address) 801 N Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sandgate Date 4/8/37, 19

19. UNDERTAKER George A. Fuller

(Address) Fuller & Fayette Sts

20. [illegible] 1937 Huntington Hillsville, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to April 5 1937

I last saw her alive on April 3 1937. Death is said to have occurred on the date stated above, at 9:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Hypertension	Gradual
Cerebral Hemorrhage	Sudden

Other contributory causes of importance:

Cerebral Hemorrhage	Jan. 1932

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edied W. Johnson, M. D.

(Address) 3432 Frederick Ave

F 34311

HEALTH DEPARTMENT—CITY OF BALTIMORE

34311

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital 176

CITY OF BALTIMORE: (No. 2705 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emil Hannemann

(a) Residence: No. 6404 Rosemont St., ... Ward.
(Usual place of abode) Baltimore (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Emil Hannemann

6. DATE OF BIRTH (month, day, year) Sept 9 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Receiving Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baking Co

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Hannemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida Imbrath

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hannemann

(Address) 6404 Rosemont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Edgewood Cem Date April 9 1937

19. UNDERTAKER Fred. Kavanaugh & Son

(Address) 7401 Belair Rd

20. FILED ..... 19 ..... Registrar

APR 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5th 1937 to April 6 1937

I last saw h... alive on April 6 th 1937 Death is said to have occurred on the date stated above, at 1.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma faciem	April 5
Other contributory causes of importance: Cholecystitis & Cholelithiasis	

Was an operation performed? Yes Date of April 5th

For what disease or injury? Cholelithiasis

Name of operation Cholecystectomy

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Kane M. D.

(Address) Mercy Hospital

34312

F 34312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 79-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 27-17 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paul V. McGinnis Jr.

(a) Residence: No. 5301 Magel Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Dorothy McGinnis

6. DATE OF BIRTH (month, day, year) Sept. 8-1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jockey

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race Track

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

FATHER

13. NAME Wm. McGinnis

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Arnett

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Dorothy McGinnis

(Address) 5301 Magel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 7/8 1937

19. UNDERTAKER Herman Lippman

(Address) 461 Park Heights Ave

20. 7-1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Meningitis (Undetermined origin)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker Coroner . M. D.

(Address) 1919 E. North Ave.

V S 6

F 34313

34313 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3907 Dolfield Ave St.) (Ward) 15-10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 Yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Herbert L. Rinehart

(a) Residence: No. 3907 Dolfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Rinehart

6. DATE OF BIRTH (month, day, year) Aug 21, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surg Supply

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Emil Rinehart

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Emily Wharton

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Elizabeth Rinehart

(Address) 3907 Dolfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec 9 1937

19. UNDERTAKER Holborn Stot

(Address) 1813 Eutaw Pl

20. FILED Dec 9 1937 H. E. Lyon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30 1937 to April 7 1937

I last saw him alive on April 6 1937 Death is said to have occurred on the date stated above, at 2:40 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia-Lobar	4/3/37
Other contributory causes of importance Arteriosclerosis	4/1/6

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Hearn M. D.

(Address) 3907 Garrison Blvd

F 34314

M. D. B. 1268-9

F 34314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-L

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2035 W. Lafayette Ave St., 46-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Pilkington
(a) Residence: No. 2035 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and state)

H. S. Vet specify WAR No Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence V. Pilkington

6. DATE OF BIRTH (month, day, year) April 4 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) May 37

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Carl Pilkington

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas M. Chandler
(Address) 2100 Wyoming Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date April 8 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1937

22. I HEREBY CERTIFY, That I took charge of the body described above, held an (Inquest, Autopsy or Inquiry) thereon and view the evidence found by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 9:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Lamm Coroner M. D.

(Address) 215 Warren Ave

F 34315

34315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. & Catonsville St., 19 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify War No Record

2. FULL NAME Mr. Charles L. Placide

(a) Residence: No. 18 N. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Oil)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Paul D Placide

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Louisa Hastieus

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Paul D. Placide

(Address) 628 E. 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 9th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed 8-1937 Registrar Huntington Wallace, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-4-1937 to 4-6-1937

I last saw him alive on 4-6-1937 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular	Jan. 1937
Renal Disease	4-1-37
Bronchial Pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis L. Llewellyn M. D.

(Address) St. Agnes Hospital

F 34316

34316 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. East Ave 76 10 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Bergunt

(a) Residence: No. 117 S. East ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Bergunt

6. DATE OF BIRTH (month, day, year) Mar. 29-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	76	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw, etc. bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Bergunt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Bergunt
(Address) 117 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Apr. 8 1937

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw pl

20. FILED Huntington Williams, M.D.
(Registrar)

4-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to April 5, 1937

I last saw him alive on April 5, 1937 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Hypertension	1920
Lobar Pneumonia	3-24-37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. Rutzebeck, M. D.

(Address) 2939 Eastern ave

34317 F 34317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Milton Stonesifer

(a) Residence: No. 1433 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daisy M. Stonesifer

6. DATE OF BIRTH (month, day, year) Oct. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Hanover Pa.

MOTHER FATHER

13. NAME Unknown Stonesifer

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Daisy M. Stonesifer
(Address) 1433 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Loudon Park Cem. Date 4/9/37 19

19. UNDERTAKER Geo. L. Beyer Jr.
(Address) 1212 Hollins St.

8-1937 [illegible] Williams, MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 7 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 23 1937 to APRIL 7 1937

I last saw him alive on APRIL 7 1937 Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA RECTUM	?
ADYNAMIC ILEUS	4-3-37

Other contributory causes of importance: RENAL SUPPRESSION

Was an operation performed? YES Date of MARCH 30-1937

For what disease or injury? CARCINOMA of RECTUM

Name of operation ABDOMINAL PERINEAL RESECTION Date of 3-30-37

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) E. D. Cambreleng Jr. M. D.
(Address) University Hospital

22410

F 34318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108 F 34318

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 10-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Robinson

If U. S. Veteran specify WAR

(a) Residence: No. 729 N. Spring St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margie

6. DATE OF BIRTH (month, day, year) 8-1-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Junius

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Malinda Alexander

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4-8 1937

19. UNDERTAKER Byron Dramick & Wash-ton
(Address) 2 W Mt Blvd St

Filed 4-8-1937 Huntington Williams MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1937 to 4-5 1937

I last saw him alive on 4-5 1937 Death is said to have occurred on the date stated above, at 1 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	14 days
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospital

3

F 34319

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34319

CERTIFICATE OF DEATH

178-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hos. St. - Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Pearl Roberts

(a) Residence: No. 243 Pearl St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Single

5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	X

6. DATE OF BIRTH (month, day, year) Dec 2 1925

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schoolchild
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Sedrick Virginia

MOTHER FATHER

13. NAME Farris Roberts
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Mary Shepherd
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary Roberts
(Address) 243 Pearl St.

18. BURIAL, CREMATION, OR REMOVAL
Place Waterbury Md Date 4/9/ 37

19. UNDERTAKER Wm A Jackson
(Address) 916 Penna ave Huntington Williams, MD

APR 8 - 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ether anesthesia	

Other contributory causes of importance: Acute cardiac failure

Was an operation performed? yes Date of April 2 37

For what disease or injury? Tonsilitis

Name of operation Tonsilectomy Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 2, 1937.

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto City Hos.

Manner of injury Ether anesthesia, during tonsilectomy

Nature of injury Cardiac failure

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. M. Wright, M. D.
Coroner

(Address) 1010 E. Fayette St.

34320 F 34320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 Fawcett St. St., 13-6 Ward)

Registered No. 932c

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luella J. Brewer.

If U. S. Veteran specify WAR .....

(a) Residence: No. 820 Fawcett St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Brewer.

6. DATE OF BIRTH (month, day, year) July 1, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Freland

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Pearce

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Albertie Brewer.

(Address) 616 W 34th St.

18. BURIAL, CREMATION, OR REMOVAL Woodberry Cem. Date April 9 1937

19. UNDERTAKER Ehrenwerth & Fox.

(Address) 2615-17 Eutaw Pl.

20. FILED ..... 19..... Registrar

4-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-31 1937, to 4-6- 1937

I last saw her alive on 4-6- 1937. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4 4
Other contributory causes of importance: Chronic myocarditis, hypertension	15 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul J. Steinmueller M. D.

(Address) 1212 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34321 F 34321

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Berry St. St. 137 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Noah S. Warner.

(a) Residence: No. 708 Berry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah L. Warner.

6. DATE OF BIRTH (month, day, year) May 16, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry E. Warner.
(Address) 358 S. Cornwall St.

18. BURIAL, CREMATION, OR REMOVAL
David Ridge Date April 9, 1937

19. UNDERTAKER Chenoweth & Son.
(Address) 3615-17 Chestnut Ave.

FILED 19 Edna Williams, AP

4-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937 to April 6, 1937

I last saw him alive on April 4, 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Arteriosclerosis	Unknown
Myocarditis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank H. Mewshaw, M. D.

(Address) 4037 Falls Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34322

CERTIFICATE OF DEATH

59 F 34322

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1811 Bolton St. St., 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Elizabeth Stevens

(a) Residence: No. 1811 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Henry Stevens

14. BIRTHPLACE (city or town) (State or country) Trappe Md.

MOTHER

15. MAIDEN NAME Elizabeth Pouder

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

17. INFORMANT Mrs. W. L. Councell
(Address) 2314 Allendale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Apr. 8, 1937

19. UNDERTAKER Thos. J. Pentz & Sons
(Address) Baltimore Md.

FILED 8-1937 Huntington Millwood, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1934, to Apr 6 1937.

I last saw h.e alive on April 5 1937. Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1933
Diabetes	1934
Cardiac hypertrophy and dilatation	1936 or 37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 720 N. North Ave

34323 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34323

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Windsor Ave Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Plaine

If U. S. Veteran specify WAR .....

(a) Residence: No. 2301 Windsor Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Simon

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 64 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Brother
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Muffley Cem. Date 4-8-37 19

19. UNDERTAKER: Jack Lewis Inc
(Address) 1439 E Balto St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/5, 1935 to 4/7, 1937

I last saw h[illegible] alive on 4/7/37, 19 37. Death is said to have occurred on the date stated above, at 12:07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/6/37
H. pertension	1925
Generl arteriosclerosis	1925

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

N.d. If so, specify .....

(Signed) [signature] M. D.

(Address) 2320 Linden Ave

APR 8 - 1937 Washington Heights, Md

F 34324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34324

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 E. Clement St. St. 24 Ward 2

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Jenkins.

(a) Residence: No. 615 E. Clement St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Mary Jenkins.

6. DATE OF BIRTH (month, day, year) Do not know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	------	-------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barrel dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James Jenkins.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Louise Nash.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bernard Jenkins.(son)
(Address) #615 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 8, 1937

19. UNDERTAKER John L. Tabor & Son
(Address) 1818 Eutaw Place

Huntington Williams, M. D.

FILED Registrar 4/5/37

B6-1637

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of the heart	
	over

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm H. Huntington M. D.
Coroner

(Address) 1017 S. Charles St.

34325 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34325

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 E. Biddle St.) (Ward) 9-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna McKenna

If U. S. Veteran specify WAR

(a) Residence: No. 2300 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 6/28/70

7. AGE: Years 66 | Months 9 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Frank Weyand

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Mrs Landon 2300 E Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Date: April 10 1937

19. UNDERTAKER (Address): Henry Lutz 1203 N. Broadway

Filed: APR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-6- , 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937 to April 6, 1937

I last saw her alive on April 6, 1937. Death is said to have occurred on the date stated above, at 6:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	
Other contributory causes of importance: Coma	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry Lutz M. D.

(Address) 1203 N Broadway

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34326

CERTIFICATE OF DEATH.

F 34326

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2540 Fleet. Av. ST. 1-3 (WARD)

2-FULL NAME Leopold Jackewitz

(a) RESIDENCE NO. 2540 Fleet ST WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Jackewitz

7 DATE OF BIRTH (month, day, and year): May 18, 1886

8 AGE: Years 50; Months 10; Days 24; If LESS than 1 day, hrs or min

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: First Class Painter

(b) General nature of industry, business, or establishment in which employed (or employer): Bethlehem Steel Co.

(c) Name of employer: last worked March 29 - 1937

10 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Leopold Jackewitz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Katherine

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

14 Informant: Mrs. Alice Jackewitz

(Address): 2540 Fleet St.

Filed 4-8-1937 Wellington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 7 1937

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1937, to April 7, 1937, that I last saw him alive on April 6, 1937 and that death occurred, on the date stated above, at 2:00 A.M.

The CAUSE OF DEATH* was as follows:

Acute Broncho-Pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Pneumococcus Meningitis

(duration) yrs. mos. 24 ds.

18 Where was disease contracted, if not at place of death? Residence

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Israel Weinglass M. D.

4/7, 1937 (Address) 1007 E. Baltimore.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem

DATE OF BURIAL: 4/10 1937

20 UNDERTAKER: Upton D. Featherstin, N.C.

ADDRESS: 1000 S. Kenwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34327 F 34327

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Bouldin St. 26-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Conrad Amend

(a) Residence: No. 512 S. Bouldin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Brehm

6. DATE OF BIRTH (month, day, year) Nov 15 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	21 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R.R. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME George L.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth R. Schaffle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Henderson

(Address) 512 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Hants Date 6/5/37

19. UNDERTAKER John H. Connelley

(Address) Laurel Md

6-1937 Washington Washington, MD
(Date received) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cardio vascular sclerosis

Other contributory causes of importance:

Coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34328 CERTIFICATE OF DEATH F 34328

1. PLACE OF DEATH Leadenhall St. Colored Baptist Church. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Leadenhall St. near Cross St. Ward)

Length of residence in city or town where death occurred 61 yrs. 0 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah R. Jackson. (c)

(a) Residence: No. 1217 N. Eden St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) March 7, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Randall Jackson. (c)

14. BIRTHPLACE (city or town) (State or country) Talbott Co. Md.

MOTHER

15. MAIDEN NAME Violet Grayson. (c)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Algernon Jackson. (c) brother
(Address) 1615 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL Christian Memorial Luth 4/8/37

19. UNDERTAKER Robert H. Cogan
(Address) 3041 Pt. Chas. St

Huntington Williams, Asst. Registrar

8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

4/5/37 (Address) 1017 S. Charles St.

V 8 6

F 34329 F 34329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 19-1 Ward) Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hawkins

U. S. Veteran specify WAR

(a) Residence: No. 300 N. Parrish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Forrest Hawkins

6. DATE OF BIRTH (month, day, year) May 28 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Broad Creek Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) X

MOTHER

15. MAIDEN NAME Hattie Gaskins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Forrest Hawkins

(Address) 300 N. Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/8 19 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

8 APR 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.

(Address) 1010 S. Elliott Apt

V S 6

34330 F 34330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Ernest Summers

If U. S. Veteran specify WAR

(a) Residence: No. 1317 Shields Place St. .....Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	3 4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Summers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rosa Graham

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rosa Summers

(Address) 1317 Shields Place

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Zion Date Apr 8 1937

19. UNDERTAKER Chas H. Wilson

(Address) 1220 Pennsylvania Ave

20. FILED Apr 10 1937 Huntington Wallace, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to April 6, 1937

I last saw h.... alive on April 6, 1937. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	March 15
Mastoiditis (left)	March 19
Sub periosteal abscess	" "
Other contributory causes of importance:	
Pneumonia	April 5

Was an operation performed? Yes Date of June 24, 1937

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy (left)

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. L. Howard, M. D.

(Address) Maryland Hospital

F 34331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH — Registered No. 123

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Evans — If U. S. Veteran specify WAR

(a) Residence: No. 208 Phanen St. St., ... Ward. Ebenezburg Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jessie

6. DATE OF BIRTH (month, day, year) 5/9/82

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn —

FATHER

13. NAME Edward Evans

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Cassandra Kimmel

16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Ebensburg Pa Date Apr. 8 1937

19. UNDERTAKER John Drutchell & Sons (Address) 1005 Eutaw Place

20. FILED ... 19... Washington Williams, Registrar.

8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937 to April 5 1937

I last saw him alive on April 5 1937. Death is said to have occurred on the date stated above, at 7 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
fecal fistula & peritonitis	May 1936
Other contributory causes of importance:	

Was an operation performed? yes. Date of Mar. 31, 1937

For what disease or injury? Intestinal fistula.

Name of operation Repair of Intes. fistula. Anastomoses.

What test confirmed diagnosis? X Ray? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Russell C. Haworth, M. D.

(Address) Johns Hopkins Hospital

F 34332

34332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-D

1. PLACE OF DEATH: University Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Redwood & Greene St. 4-2 Ward)

Registered No.

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME: Earl Hall Jr

(a) Residence: No. Crisfield, Md St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 21 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	2	8 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School-boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Crisfield Md

FATHER

13. NAME: Earl Hall

14. BIRTHPLACE (city or town) (State or country): Crisfield Md

MOTHER

15. MAIDEN NAME: Mary E. Sterling

16. BIRTHPLACE (city or town) (State or country): Crisfield Md

17. INFORMANT: Mary E. Sterling (Address) Crisfield, Md

18. BURIAL, CREMATION, OR REMOVAL: Place Asbury Cem. Crisfield Md Date April 11, 1937

19. UNDERTAKER: J. S. Lawson & Son (Address) Crisfield Md

20. FILED ... 19 ... Registrar

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to April 8, 1937

I last saw him alive on April 5, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Tumor	
(One)	

Other contributory causes of importance:

Was an operation performed? No Date of Feb 27 1937

For what disease or injury? Cerebral Tumor

Name of operation Ventricular exploration

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Robinson M. D.

(Address) University Hospital

F 34333

34333 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21789 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chesley Coates

If U. S. Veteran specify WAR

(a) Residence: No. 915 Shields Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Coates

6. DATE OF BIRTH (month, day, year) 2-20-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Md.

FATHER

13. NAME Moses

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margt. Butler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 9, 1937

19. UNDERTAKER Mrs Ratie R. Williams
(Address) 322 N Schroeder St.

20. FILED 4-9-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1937 to 4-6, 1937

I last saw him alive on 4-6, 1937. Death is said to have occurred on the date stated above, at 9½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcer leg	7 mo.
Cerebral Hemorrhage	½ hr.

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or Injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. E. Hogue, M. D.

(Address) Balt. City Hosp.

34334 F 34334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rogers Wise

If U. S. Veteran specify WAR

(a) Residence: No. 825 Harlem Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Wise

6. DATE OF BIRTH (month, day, year) May 25-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Yorktown Co Va

FATHER

13. NAME William Edwin Wise

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Heath

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Paulina Bennett

(Address) 825 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jasper, Va, Date April 9, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 19 Registrar.

4-8-1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured 3rd and 4th vertabrae	3/28/37
Other contributory causes of importance: —	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Nursing Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/28, 1937

Where did injury occur? Home — 825 Harlem Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairway from 2nd to 1st floor

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 5 S. Augusta St

F 34335 ✓ F 34335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 Edgewood Street St., 15-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alwilda E. Creviston

If U. S. Veteran specify WAR .....

(a) Residence: No. 1901 Edgewood Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David B. Creviston

6. DATE OF BIRTH (month, day, year) Feb. 18, 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) South Bend
(State or country) Indiana

FATHER

13. NAME Philip B. Boone

14. BIRTHPLACE (city or town) Indiana.
(State or country)

MOTHER

15. MAIDEN NAME Susanne Miller

16. BIRTHPLACE (city or town) South Bend
(State or country) Indiana

17. INFORMANT Mrs. Clara L. Jones
(Address) 1901 Edgewood Street

18. BURIAL, CREMATION, OR REMOVAL
Place South Bend, Ind. Date Apr 9, 1937

19. UNDERTAKER Wm J. Tickner & Sons
(Address) Funeral Parlors

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10 1937 to April 7 1937

I last saw h[illegible] alive on April 7 1937 Death is said to have occurred on the date stated above, at 1230 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Chronic Nephritis	Apr. 37
Other contributory causes of importance:	
Senile Cystitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) James S. Ashelmont, M. D.

(Address) .....

34336 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34336

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 15-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME WALTER HOFFMAN (Walter Scott Hoffman) If U. S. Veteran None

(a) Residence: No. 4002 BELLE AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary C. Hoffman

6. DATE OF BIRTH (month, day, year) June 4-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	3	2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa

FATHER

13. NAME Charles W. Hoffman

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Eleanor Wilson

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Mayne C. Hoffman
(Address) 4002 Belle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Apr. 9, 37

19. UNDERTAKER Hoffman
(Address) Roberts Funeral

20. FILED ..... 19..... Registrar.

APR 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 11, 1937 to APRIL 7, 1937

Last saw h. ALIVE on APRIL 7, 1937. Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIO SCLEROTIC CARDIO	
VASCULAR DISEASE &	
HEART BLOCK AND FAILURE	
BENIGN HYPERT OF PROSTATE SURGICAL SHOCK	(MARCH 1937) APRIL 7-1937

Other contributory causes of importance:

Was an operation performed? YES Date of APRIL 7-37

For what disease or injury? BENIGN HYPERT OF PROSTATE

Name of operation TRANSURETHRAL RESECTION

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) E. J. Cornbrooks Jr. M. D.

(Address) Lemmert (Md)

F 34337 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34337

CERTIFICATE OF DEATH

92-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5709 Oakshire Rd Ward) 27-15

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Jane DeWolfe Appelgate

If U. S. Veteran specify WAR

(a) Residence: No. 5709 Oakshire Rd St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph N. Appelgate

6. DATE OF BIRTH (month, day, year): Dec. 7, 1849

7. AGE: Years 87 | Months 3 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hempstead Long Island

FATHER

13. NAME: Berlin N. DeWolfe

14. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

MOTHER

15. MAIDEN NAME: Elsie Nichols

16. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

17. INFORMANT: Mrs. H. Lenyth Jones

(Address) 5709 Oakshire Rd.

18. BURIAL, CREMATION, OR REMOVAL: Brooklyn N.Y. Apr. 9. 37

Place Date

19. UNDERTAKER: Wm. J. McInerney Sons

(Address) Howard & Fayette.

FILED APR 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 '35 to April 6 1937

I last saw h[illegible] alive on Apr 6th 1937 Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Clysosis	?
Valvular Heart Disease	?
Cerebral Hemorrhage	Aug 11-37
Cardiac Failure	Mar 28-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Culver M. D.

(Address) 3611 Pimlico Rd

E 34338

34338 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Riggs Av St., 16-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Edward Jones If U. S. Veteran specify WAR None

(a) Residence: No. 2910 Riggs Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Louise Jones

6. DATE OF BIRTH (month, day, year) March 5th 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Michaels Md

FATHER

13. NAME Lawrence Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT C. Edward Jones

(Address) 2910 Riggs Av

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 9, 1937

19. UNDERTAKER Thos. Regan & Son

(Address) 1400 Pennsylvania Ave

FILED 8-1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to April 6, 1937

I last saw h... alive on April 6, 1937. Death is said to have occurred on the date stated above, at 2.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. O. Mollus M. D.

(Address) 2137 E. North Ave.

F 34339 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34339

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 S. Paca St. 21-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augustagh. Deems

If U. S. Veteran specify WAR .....

(a) Residence: No. 1120 S. Paca St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adam Deems.

6. DATE OF BIRTH (month, day, year): Dec. 16, 1875

7. AGE: Years 61 | Months 3 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Christian Kahl

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Louise Dubler

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mr. Adam Deems

(Address) 1120 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Apr 9 37

Place ..... Date ..... 19...

19. UNDERTAKER: Wm. J. Luker Sons

(Address) North & Graves.

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/5/36 19... to 4/6 19 37

I last saw h... alive on 4/6/37 19... Death is said to have occurred on the date stated above, at 9.45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ascending Colon a metastasis to liver	2yrs
Other contributory causes of importance: Acute Cardiac Failure Pulmonary Oedema	1da

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph H. Laukaitis M. D.

(Address) 674 Washington Blvd

✓ F 34340

34340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Scott St. St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 00 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Hamilton Slaughter

(a) Residence: No. 102 Scott Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Slaughter

6. DATE OF BIRTH (month, day, year) Jan 15 - 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Co. Va. Virginia

FATHER

13. NAME George H. Slaughter

14. BIRTHPLACE (city or town) (State or country) Prince Edward Co. Va. Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ella Jones.
(Address) 102 Scott Street

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date April 9 1937

19. UNDERTAKER Josiah Elder
(Address) 1600 W. North Ave

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 - 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26 1937 to April 6 1937

I last saw him alive on April 5 1937 Death is said to have occurred on the date stated above, at 7-30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Arterio Sclerosis — Date of onset
Hypostatic Congestion
Nephritis - Senility

Other contributory causes of importance: Pulmonary Oedema

no

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Almost Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Herbert C. Hitch, M. D.

(Address) 2451 Eastern Ave

M. D. B 1268-9

✓ F 34341

34341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 N. Howard St., 15-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Duffy

(a) Residence: No. 3412 Copley Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Smith

6. DATE OF BIRTH (month, day, year) Oct. 22, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52 51	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mattingly & Lumber Company

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John J. Duffy

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Amanda Sedicum

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Marie Smith Duffy
(Address) 3412 Copley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 4/10 1937

19. UNDERTAKER Henry A. Myers & Son
(Address) 502 E. Fayette St.

..... 19 ..... Registrar

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above. 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Ram Coroner M. D.
Coroner

(Address) 215 Nave Bldg

OCCUPATION is very important. See instructions on back of certificate.

34342

✓ F 34342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Hanover St. St., 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 1 mo. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Arthur B. League.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1340 Hanover St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXX HUSBAND of (XXXXXXX Emma L. League.

6. DATE OF BIRTH (month, day, year) February 9, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy salesman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin V. League.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Louisa Wells.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Emma L. League. (wife)

(Address) 1340 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Cedar Hill Date April 9 37

19. UNDERTAKER Harry H. Witzke

(Address) 5101 Edmondson Ave

FILED ... 19 ... Registrar

8-1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

4/6/37 (Address) 1017 S. Charles St. Coroner

F 34343

34343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22417 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Higgins

If U. S. Veteran specify WAR

(a) Residence: No. 1707 Barkley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-28-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Conway

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 9th 1937

19. UNDERTAKER George J. Rutledge Sons
(Address) 1735 Harford Ave

20. FILED 8-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1937 to 4-6 1937

I last saw him alive on 4-6 1937 Death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	3 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenney M. D.

(Address) Baltimore City Hospitals

F 34344

34344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1001-Darley Ave. St., 9-8 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran yes. specify WAR Regular Army

2. FULL NAME Wilbur David Shattuck

(a) Residence: No. 1001-Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora N. (Kraft)

6. DATE OF BIRTH (month, day, year) 6/15/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	9	22	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fur. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Wilbur Shattuck

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Jessie ?

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Cora N. Shattuck
(Address) 1001-Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery 4/10/37

19. UNDERTAKER George C. Smith Inc.
(Address) 1715- Harford Ave.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937 to April 6, 1937

I last saw h[illegible] alive on April 6, 1937 Death is said to have occurred on the date stated above, at 8 40 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Coronary Thrombosis	2 days
Other contributory causes of importance: Chronic Myocarditis	2 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel B Wolfe M. D.

(Address) 1331 E Madison

1937

H

F 34345

34345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-3 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter Mistretta

(a) Residence: No. 1517 Montford ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Unknown Rose Mistretta

6. DATE OF BIRTH (month, day, year) 9-19-1872 Not known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Stefano Unknown Mistretta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Unknown ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Mistretta (Son)
(Address) 1517 Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4-10-37

19. UNDERTAKER Wendell E. Humphreys
(Address) 521 N. Broadway

20. Filed ..... 19..... Registrar

4-1937

a 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7-37. 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1937 to Apr. 7, 1937

I last saw him alive on Apr. 6, 1937. Death is said to have occurred on the date stated above, at 7:55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	3-28-37
Other contributory causes of importance: Hypertension chronic	6 yrs

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Lumber puncture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Reid Lafeal Beers M. D.

(Address) Mercy Hospital

34346 ✓ F 34346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp. St. 24-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Creed

If U.S. Veteran specify WAR ...

(a) Residence: No. Shipley Heights - Linthicum P.O. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 7-37.

7. AGE Years	Months	Days	If LESS than 1 day, ½ brs. or ~~min.~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) South Balto Gen Hosp.

FATHER

13. NAME Herbert David Creed

14. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

15. MAIDEN NAME Josephine Catherine Creed.

16. BIRTHPLACE (city or town) (State or country) Balto Md -

17. INFORMANT Mother

(Address) ...

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 8 - 1937 19
Commissioner of Health
Per M. A. Moore

19. UNDERTAKER ...
(Address) ...

FILED 8 - 1937 19 ... Registrar

Sl. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7-37 .. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-7-37 . 19 . to 4-7-37 . 19

I last saw h... alive on 4-7-37 . 19 . Death is said to have occurred on the date stated above, at 10 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 5 months -	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Nathan Hoef M. D.

(Address) South Balto Gen Hosp.

✓ F 34347

34347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 N Castle St., 8-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sussie Clay Schaefer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1716 N. Castle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Fred K. Schaefer

6. DATE OF BIRTH (month, day, year) Sept. 6th 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph P. O'Brien

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Isabel Gorsuch

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Fred K. Schaefer

(Address) 1716 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date April 9 '37

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette ave.

20. Filed ..... 19..... Registrar.

4-9-1937

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937 to April 6 1937.

I last saw her alive on April 6 1937. Death is said to have occurred on the date stated above, at 3 25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 26,
Arterio-Sclerosis	
Cardio Vascular Renal Disease & Hypertension	

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Virgil Littman M. D.

(Address) 1304 E. Chase

M. D. P. 1269-9

34348

F 34348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5-2-23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Stirling St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Anderson

(a) Residence: No. 617 Stirling St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Agnes H. Anderson

6. DATE OF BIRTH (month, day, year) Jan 20, 1896

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	41	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Thomas Anderson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Agnes H. Anderson
(Address) 703 Bunge St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/9/37 19

19. UNDERTAKER Mrs. Lizzie A. Holland
(Address) 1512 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to April 6 1937.
I last saw him alive April 4 1937. Death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, state fully .....

(Signed) J. Leroy Wright M. D.

(Address) 17 W Lanvale St

F 34349

F 34349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 N. Strieker St., 16-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Nettles

(a) Residence: No. 1019 N. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Violet Nettles

6. DATE OF BIRTH (month, day, year) April 1 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Nettles

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Violet Nettles

(Address) 1019 N. Strieker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn cem. Date April 9 1937

19. UNDERTAKER George S. Nelson

(Address) 303 Fayssoux St.

20. FILED 19 Registrar

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1937,

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at about 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in head	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury 4/7 1937

Where did injury occur? 1019 N. Strieker St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury shot with pistol.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Coroner, M. D.
Coroner

(Address) 215 Hanover

34350

HEALTH DEPARTMENT—CITY OF BALTIMORE

34350

CERTIFICATE OF DEATH

22406 / 31

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amanda Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 713 Dolphin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W.

6. DATE OF BIRTH (month, day, year) 5-7-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Griffin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fannie Finn

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 4/10/ 1937

19. UNDERTAKER Mrs. Frances A. Hemsley
(Address) 1-7 E. W. Biddle St

20. FILED 19 ..... Registrar

APR 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1937 to 4-7 1937

I last saw h.e alive on 4-7 1937 Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	24 hr
Other contributory causes of importance: Hypertensive Cardio-Vascular Renal Disease	unk

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 34351

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34351

CERTIFICATE OF DEATH

21587 / 37

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joshua Beckett

(a) Residence: No. 764 George St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lottie Beckett

6. DATE OF BIRTH (month, day, year): 3-7-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Smith Beckett

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Myrah Upshur

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus cem Date: 4/10/ 1937

19. UNDERTAKER: Mrs. Frances A. Hemsley

(Address): 672 N. Biddle St

20. FILED ..... 1937 ..... Registrar.

4-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-8 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-4 . 1937 to 4-8 . 1937

I last saw h[illegible] alive on 4-8 . 1937 Death is said to have occurred on the date stated above, at 12 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days.
Other contributory causes of importance: Benign hypertrophy prostate	6 mos.

Was an operation performed? Yes Date 4-3-37

For what disease or injury? Prostatectomy

Name of operation: Hypertrophy prostate

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify .....

(Signed) [illegible] M. D.

(Address) Balt City Hosp

34352

HEALTH DEPARTMENT—CITY OF BALTIMORE

34352

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Orchard St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie V. Wilson

If U.S. Veteran specify WAR ...

(a) Residence: No. 502 Orchard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 2069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David Hatton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Downey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Samuel E. Hatton

(Address) 1424 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. 4/9 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 510 W. Biddle St.

20. FILED 4-9-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1937 to April 6, 1937

I last saw her alive on April 5, 1937 Death is said to have occurred on the date stated above, at 12:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 2
Other contributory causes of importance: None	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. K. Pelteaian M. D.

(Address) 817 Hamilton Ter

34353 E 34353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 19-4

CITY OF BALTIMORE: (No. ..... St. ..... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Coleman — If U. S. Veteran specify WAR WW

(a) Residence: No. 107 S. Addison St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes E. Shelly

6. DATE OF BIRTH (month, day, year) May 5, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Water Dept.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rock Hall, Md.

FATHER

13. NAME Richard H. Coleman

14. BIRTHPLACE (city or town) (State or country) Rock Hall, Md.

MOTHER

15. MAIDEN NAME Mary E. King

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 4/10 19 37

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts.

20. FILED APR 12 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 19 37

22. I HEREBY CERTIFY, That I attended deceased from April 5, 19 37 to April 6, 19 37

I last saw him alive on April 6, 19 37. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular,	
mitral stenosis	Unknown
Cardiac disease, myocarditis, chr.	"
hypertensiv	
Other contributory causes of importance:	
Arteriosclerosis, cereral	"

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clin.

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. H. Anderson, M. D.

(Address) T. B. H. Anderson, Medical Officer in charge

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34354

CERTIFICATE OF DEATH

F 34354

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hosp. St., W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Henry Wellschlager [WELLSCHLAGER] ☐ U.S. Veteran WORLD WAR

(a) Residence: No. 3503 Granby Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene L Wellschlager

6. DATE OF BIRTH (month, day, year) Jan 7 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realty Mortgage Co.

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel H Wellschlager

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Amelia Althaus

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Earl H. Wellschlager

(Address) 3503 Granby Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 10 1937

19. UNDERTAKER Wellschlager Jenkins & Son

(Address) North & Pennsylvania Ave.

APR 9 - 1937 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937 to April 8, 1937

I last saw him alive on April 6, 1937 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis (Ruptured)	10 days
Circulatory failure	2 days

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Path. Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Stephens M. D.

(Address) Md General Hosp.

F 34355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c F 34355

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3023 Clifton Ave St. 15-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Daugherty

(a) Residence: No. 3023 Clifton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Arthur Daugherty

6. DATE OF BIRTH (month, day, year) Sept 13 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	61	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield

FATHER

13. NAME Ned Daugherty

14. BIRTHPLACE (city or town) (State or country) Crisfield Md

MOTHER

15. MAIDEN NAME Smith White

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Ernest Daugherty

(Address) 3704 Keyworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Park Date Apr 10, 1937

19. UNDERTAKER Wm J. Tucker & Son

(Address) Northampton Ave

Registrar

APR 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1936 to April 8 1936

I last saw h[illegible] alive on April 8 1936. Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Auricular fibrillation	
Cerebral embolism	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, state how ...

(Signed) John H Ramsey M. D.

(Address) 1531 E North Ave

F 34356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 34356

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 E. Fayette St., 5-1 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Coburn

(a) Residence: No. 1407 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethelem Steel

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) SC

FATHER

13. NAME Reuran Coburn

14. BIRTHPLACE (city or town) (State or country) SC

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Hattie Kilbrew
(Address) 1407 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Cem Date 4-9 1937

19. UNDERTAKER Batson & Francis W. Wright
(Address) 1201 Lincoln Bridgeport

APR 9 - 1937 19 Huntington Williams, MD

(Signature)

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	Mar 1 1937
Phthisis	

Other contributory causes of importance:

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Herlth Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Allen M. D.
Coroner

(Address) 50 E Fayette St

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34357
w 264
92-a

34357

CERTIFICATE OF DEATH

REGISTERED NO. [redacted]

1-PLACE OF DEATH

City of BALTIMORE: (No. 225 h. Population St., 18 Ward)

(If death occurred a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Jackson

(a) RESIDENCE NO. 225 h. Population St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	Negro	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Jackson

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Cambridge

(State or country) Md

PARENTS

10 NAME OF FATHER Benj. Hodgkins

11 BIRTHPLACE OF FATHER (City or town) Cambridge

(State or country) Md

12 MAIDEN NAME OF MOTHER Lavinia Ross

13 BIRTHPLACE OF MOTHER (City or town) Cambridge

(State or country) Md

14 Informant Mrs Taylor

(Address) 1029 Bond St

15 Filed 19

Registrar

APR 5 - 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 8 1937

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1936, to April 8, 1937

that I last saw h alive on April 8, 1937

and that death occurred, on the date stated above, at 12:20 A m

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 1 yrs. mos.

CONTRIBUTORY (Secondary)

(duration) yrs. mos.

18 Where was disease contracted —

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical examination

(Signed) W. H. Watts M.

April 9, 1937 (Address) 515 h. Arlington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

Date of Burial April 11 1

20 UNDERTAKER James A Hayes

ADDRESS 11 Druid

IF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

34358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2F 34358

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH garage - rear of CITY OF BALTIMORE: (No. 3412 ~~Fairmount~~ S. Pratt St. Ward) 6-H

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Hartman

If U. S. Veteran specify WAR .....

(a) Residence: No. 527 S. East Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Nov 16 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer - 0986

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kilbourn Packing Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Balt md.

MOTHER

15. MAIDEN NAME Mary Stange

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Margaret Hartman
(Address) 527 S. East Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 9 1937

19. UNDERTAKER Fielbert Zeilerbach & Wolfe
(Address) 1000 N. Eutaw St.

20. FILED ..... 19 ..... Registrar

Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1937

22. I HEREBY CERTIFY: That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	

Other contributory causes of importance: Arterial hypertension - Coronary sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Mangold Coroner, M. D.

(Address) 1010 S. Elwood Ave

M. D. B 1269-9

F 34359

34359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH — Pronounced dead at Union Memorial Hospital

CITY OF BALTIMORE: (No.) St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry L. Harman — If U. S. Veteran specify WAR .....

(a) Residence: No. 845 Ducatel St. St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel R. Harman

6. DATE OF BIRTH (month, day, year) Sept. 12, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or min.
	57	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Harman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Lauer

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mabel R. Harman,

(Address) 4031 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Har Sinai Cem. Date Apr. 9, 1937

19. UNDERTAKER Ward Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED APR 9 - 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/7/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D. Coroner

(Address) 850 W. 36th. St.

F 34360 ✓ F 34360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22263

1. PLACE OF DEATH — 108 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 38 yrs. mos. ds.

2. FULL NAME Wm. Carnes — If U. S. Veteran specify WAR

(a) Residence: No. 48 Market Place St., 4-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 11-26-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sells baskets

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Wm. Carnes

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mathias Date April 9 1937

19. UNDERTAKER Waydell & Sons
(Address) 1405 Eutaw St.

APR 9 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-29 1937 to 4-6 1937

I last saw h. alive on 4-6 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hospitals

F 34361

F 34361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Herman Litchfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 22 N. Streeper St., 6-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Holland

6. DATE OF BIRTH (month, day, year) April 13, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	11	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office mate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Sarah Barlegg

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Arabell Litchfield (sister)
(Address) 22 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL
Place Int Cornell Date April 10. 1937

19. UNDERTAKER Frank V. Pipitone
(Address) 2112 E. Baltimore St

APR 9 - 1937 Clayton Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Pulmonary embolism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Wainwright Coroner M. D.

(Address) 1010 S. Ellwood Ave

VS 6

F 34362

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34362

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Shakespear St., 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rozalia Dziesa

If U.S. Veteran specify WAR ...

(a) Residence: No. 1622 Shakespear St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mateusz Dziesa

6. DATE OF BIRTH (month, day, year): 1876

7. AGE: 61 Years | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0.0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Unk.

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unk.

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mary Bozowy

(Address) 1622 Shakespear St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: April 10 '37

19. UNDERTAKER: Fred W Ofrazuski

(Address) 1930 Eastern Ave

20. FILED ... Huntington Williams, MD

PR 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7, 1937

I HEREBY CERTIFY, That I attended deceased from March 7 '37 to April 7 '37

I last saw h... alive on April 6 '37. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Trouble — Date of onset 1/1/36

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Rydauer M. D.

(Address) 801 Edmondson

34363 F 34363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Hintze

If U. S. Veteran specify WAR

(a) Residence: No. North Point Road Box 274 St., ... Ward. Sparrows Pt. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-14-27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Otto Hintze

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margut Hudgson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sworts Cem. Date April 12 1937

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann St.

20. FILED 9-1937 [illegible] Registrar

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937 to April 8, 1937

I last saw him alive on April 8, 1937. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Streptococcus meningitis	3-31-37
Mastoiditis	2-10-37 (?)

Other contributory causes of importance:

Was an operation performed? yes Date of 2-14-37

For what disease or injury? Mastoiditis, bilateral

Name of operation Mastoidectomy, bilateral

What test confirmed diagnosis? Spinal fluid culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) R Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

F 34364

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34364

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-5-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred N.B. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Lindsay X X 8

If U. S. Veteran specify WAR

(a) Residence: No. 3710 Fifth t., Brooklyn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-5-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 3 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Glen Lindsay

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Anna Carneal

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cremated at B C H Date 4-8 1937

19. UNDERTAKER none
(Address)

20. FILED 19 Registrar.

4-8-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1937 to 4-5 1937

I last saw her alive on 4-5 1937 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

Prematurity

	Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Eaton M. D.

(Address) Baltimore, Maryland

If not admitted

F 34365

34365 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 22432 ✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 2-5-4 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Lindsey (Anna) ✓ A

If U. S. Veteran specify WAR .....

(a) Residence: No. 3710 Fifth St., Brooklyn, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-5-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Glenn Lindsay

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Anna Carneal

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cremated at BCH Date 4-8-1937

19. UNDERTAKER none
(Address)

20. FILED ..... 19.... Registrar.

4-9-1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5/37

22. I HEREBY CERTIFY, That I attended deceased from 4-5-37 19..... to 4-5-37 1937

I last saw her alive on 4-5-37 1937. Death is said to have occurred on the date stated above, at 6:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. E. Radasch M. D.

(Address) Balto City Hospitals

#22415

34366 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34366

CERTIFICATE OF DEATH

V161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Chenoweth

If U. S. Veteran specify WAR

(a) Residence: No. 1137 Ashburton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-3-37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
2 days		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Culver

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cremated at BCH Date 4-7-37

19. UNDERTAKER None
(Address)

20. FILED Huntington Williams, Registrar

R 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5-37

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1937 to 4-5-37, 1937

I last saw ~~him~~ alive on 4-5-37. Death is said to have occurred on the date stated above, at 3:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Atelectasis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation —/—

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(Signed) I. E. Kadan M. D.

(Address) Baltimore, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34367

CERTIFICATE OF DEATH

✓ 121 F 34367

1. PLACE OF DEATH — Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Eutaw St., 14 Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ' mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME — Esther Welbourn

(a) Residence: No. 1623 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — James Welbourn

6. DATE OF BIRTH (month, day, year) — June 6, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Virginia

FATHER

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country) — Unknown

MOTHER

15. MAIDEN NAME — Pearl Lewis

16. BIRTHPLACE (city or town) (State or country) — Virginia

17. INFORMANT — Huntley Rhibey

(Address) 1733 - McFadden

18. BURIAL, CREMATION, OR REMOVAL — Place Matthews Co Va Date Apr 9 - 1937

19. UNDERTAKER — Chas. H. Aldred

(Address) 1206 - McCulloh St

9 - 1937 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1937 to April 7, 1937

I last saw h.. alive on April 7, 1937. Death is said to have occurred on the date stated above, at 1105P m.

The principal cause of death and related causes of importance were as follows:

Ruptured appendix with generalized peritonitis — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? yes Date of April 3

For what disease or injury? Appendicitis

Name of operation appendectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. E. Jones M. D.

(Address) Wesley Hospital

34368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34368

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Conway

U. S. Veteran specify WAR

(a) Residence: No. 309 S. Carrollton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Refuse gathering Ft Avenue Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

FATHER

13. NAME John Bassbridge

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT William Gray

(Address) 309 S. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn. Date April 10, 1937

19. UNDERTAKER Elroy D Wilson

(Address) 1000 Granby Ave

20. FILED APR 9 - 1937 Wilmington Whitaker, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1616 S. Ellwood Ave

34369 F 34369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 East St., 5-1 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Nichols

(a) Residence: No. 162 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Nichols

6. DATE OF BIRTH (month, day, year) About 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic - none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Effie Reynolds
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 9 - 1937 19
COMMISSIONER OF HEALTH

19. UNDERTAKER Per M. A. Myers
(Address)

20. [illegible] - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to April 7, 1937

I last saw her alive on April 6, 1937. Death is said to have occurred on the date stated above, at 12 65 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	April 5 1937
Other contributory causes of importance: Chronic Interstitial Nephritis	Feb 1931

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George E. Allen M. D.
(Address) 507 Cathedral St

34370 F 34370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12495 / 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lewis

If U. S. Veteran specify WAR .....

(a) Residence: No. House of Corrections St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55 ?	?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
?	

12. BIRTHPLACE (city or town) ?
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 9 - 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Keers

20. FILED [illegible]

3149 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1936 to 4-6, 1937

I last saw h. alive on 4-6, 1937 Death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	unk

Other contributory causes of importance:

Cerebral Hemorrhage (Acc)	unk

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) John L. Kinney M. D.

(Address) Baltimore City Hospitals

F 34371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nancy Harvin

If U. S. Veteran specify WAR .....

(a) Residence: No. Box 98 Route 1 St., ... Ward. Manning S Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eugene

6. DATE OF BIRTH (month, day, year): 9-17-86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S. Car

FATHER

13. NAME: Elijah Ragins

14. BIRTHPLACE (city or town) (State or country): S Car

MOTHER

15. MAIDEN NAME: Celia Dans

16. BIRTHPLACE (city or town) (State or country): S Car

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Dunston Md Date April 9 1937

19. UNDERTAKER: Edw. Bryan

(Address) 41 Broadway St.

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937 to April 8, 1937

I last saw h.er alive on April, 1937 Death is said to have occurred on the date stated above, 1135 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	
Malignant Glioma	
Other contributory causes of importance:	

Was an operation performed? yes Date of 4/8/37

For what disease or injury? Brain Tumor

Name of operation Rt. Cerebellar

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Dandy M. D.

(Address) Hosp

F 34372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 87 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Linwood Baker

If U. S. Veteran specify WAR

(a) Residence: No. 1305 n Wallas St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/7/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4-3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Baker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Camilla Herandy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 4-10 1937

19. UNDERTAKER Edw C Wilson
(Address) 1[illegible] Orleans st

20. FILED 9-10-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1937 to Apr 7, 1937

I last saw him alive on Apr 7, 1937 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2-2-37
Bronchopneumonia	3-1-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm C Stifler Jr, M. D.

(Address) Johns Hopkins Hospital

F 34373

F 34373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Moreland Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME D. EDMUND McGARRY

(a) Residence: No. 1732 Moreland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Nov. 7, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stereotyper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Daniel J. McGarry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Frances Gately

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Daniel J. & Mary Frances McGarry
(Address) 1732 Moreland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Apr. 12, 1937

19. UNDERTAKER Chas. P. Grace & Son
(Address) 1800 W. Mt. Royal Ave

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1937 to April 9th, 1937.

I last saw him alive on April 9th, 1937. Death is said to have occurred on the date stated above, at 4.00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apl 2
Other contributory causes of importance: Meningitis Cerebral -	
on Apl 8/37 No	over

Was an operation performed? Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. W. Acown M. D.

(Address) 1938 Linden Ave

9-1937

Spec.—8-16-29—L. F. S.—100 Bks.

F 34374

~~STILL BIRTH No.~~ 34374

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~STILL BIRTH No.~~ CERTIFICATE OF DEATH 159 ~~STILL BIRTH No.~~

REGISTERED NO. ~~2597~~

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 S. Bunney ST., 1-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Martinowski

(a) RESIDENCE NO. 1019 S. Bunney ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 7 1937

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 15 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none 0 0 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) md.

PARENTS

10 NAME OF FATHER Walter Martinowski

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) md.

12 MAIDEN NAME OF MOTHER Julia Wozniak

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) md.

14 Informant Walter Martinowski

(Address) 1019 S Bunney St

15 Filed 4-9 19 37 Huntington Nathaniel, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 7, 1937

17 I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to April 7, 1937, that I last saw h alive on April 7, 1937 and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Premature Infant (6 months)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Samuel A Wolfe, M. D.

4-7, 1937 (Address) 1331 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart of Mary

DATE OF BURIAL April 9 1937

20 UNDERTAKER Stephen A Fialkowski

ADDRESS 1000 E Hoffman

34375 F 34375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5712 Roland Ave. St. 27-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sister Mary Michaella Doyle

If U. S. Veteran specify WAR .....

(a) Residence: No. 5712 Roland Ave. Roland Park St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Jan. 28, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C.

FATHER

13. NAME Michael Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Helen -----

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mother Mary Gertrude Peters

(Address) 5712 Roland Ave. Roland Park

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Apr. 12 1937

19. UNDERTAKER Henry W. Meneston.

(Address) 805 N. Calvert St.

19. FILED APR 9 - 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to Apr. 8, 1937

I last saw her alive on Apr. 8, 1937 Death is said to have occurred on the date stated above, at 7.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Generalized Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank J. Sezaghy M. D.

(Address) 3047 St Paul St

M. D. B. 1268-9

F 34376

F 34376 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3547 Hortense St. 2-4th-4 Ward)

Length of residence in city or town where death occurred 12 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche E Wilder

(a) Residence: No. 1732 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	- - - Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1424

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John D. Wilder

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Bessie Ruddy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John D. Wilder
(Address) 1732 Jackson St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 9 1937

19. UNDERTAKER A. Bouldin Edwards
(Address) 1402 N Charles St

20. [illegible] Huntington W. Jones, M.D.
Registrar.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to April 8, 1937

I last saw her alive on April 7, 1937 Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic mitral regurgitation of heart, chronic parenchymatous nephritis	about Nov. 1936
Other contributory causes of importance: general anasarca	4 wks

Name of operation - - - - Date of

What test confirmed diagnosis? D.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

M. D. B 1268-9

F 34377

34377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3100 Virginia ave St. 27-16 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Ignatius Neumann

If U. S. Veteran specify WAR .....

(a) Residence: No. 3100 Virginia ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Neumann

6. DATE OF BIRTH (month, day, year) July 1 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Neumann

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Margaret Neumann (Address) 3100 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL Forrest Lawn Date 4/10 37

19. UNDERTAKER George A Starkey (Address) Factory & Fayette Huntington Potomac, W. Va.

Registrar.

10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1937

22. I HEREBY CERTIFY, That I last saw [illegible] of the remains described above, held an [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4/7/37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. H. Pritchard M. D.

Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 34378

34378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-3 / 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 E Monument St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Gearhart

(a) Residence: No. 2306 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary E. Gearhart

6. DATE OF BIRTH (month, day, year): Feb. 1 - 1864

7. AGE: Years 73 | Months 2 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R R Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Miles Gearhart

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary E. Alberts

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs. Mary E. Gearhart 2306 E Monument St

18. BURIAL, CREMATION, OR REMOVAL: Place Western Cem Date 4/12/37

19. UNDERTAKER (Address): Geo. L. Berger Jr 151 Fulton St

20. Filed [illegible] Registrar

APR 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure	

Name of operation None Date of .....

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Rotenberg, M. D. Coroner

(Address) 19 E. North Ave.

F 34379

34379 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George ~~Tates~~ Tates If U. S. Veteran specify WAR .....

(a) Residence: No. 16 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colrad	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) June 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45 46		10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none formerly general laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isiah Tates

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Cornelia Murry

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Grace Tates (Sister in law)
(Address) 415 N. Dunbar 6

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary 6 Date 11/12 1937

19. UNDERTAKER Layton Sanders
(Address) 1413 E Preston St

20. [illegible] Registrar.

10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Wright M. D.
(Address) 1010 S. Edmondson Ave. Coroner

OCCUPATION is very important. See instructions on back of certificate.

V S 6

34330 ✓ F 34330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1732 Orleans St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Johnson

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Churchhill Md.

MOTHER FATHER

13. NAME George Grimage

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Tillar

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jennie Money

(Address) 705 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 4-10-1937

19. UNDERTAKER Byron & Mamie W. Wright

(Address) 2100 Eutaw Pl

20. FILED 4-10-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Purulent Meningitis (Non Syphilis)	

Other contributory causes of importance: Cavernous Sinus Thrombosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schwartz, M. D. Coroner

(Address) 1914 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

10 1937

✓ F 34381

F 34381 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Edmondson Ave. St. 26-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Elizabeth Pritchett

If U.S. Veteran specify WAR .....

(a) Residence: No. 3707 Edmondson Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William G. Pritchett

6. DATE OF BIRTH (month, day, year) Jan. 23, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester County, Md.

FATHER

13. NAME Zebulon Jones

14. BIRTHPLACE (city or town) (State or country) Dorchester County Md.

MOTHER

15. MAIDEN NAME Martha Bramble

16. BIRTHPLACE (city or town) (State or country) Dorchester County, Md

17. INFORMANT Mrs Geo. Schluderberg

(Address) 3707 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date April 11/37

19. UNDERTAKER George W. Zukler

(Address) 3757 E. Eager St.

10 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8/37. 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937. to April 8, 1937

I last saw h... alive on April 8, 1937. Death is said to have occurred on the date stated above, at 9 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	6 mos
Other contributory causes of importance:	
Cerebral Hemorrhage	Apr 2 1937
Chronic Int. Nephritis	6 mos.

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chas. Norton, M. D.

(Address) 888 N. Loudon St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34382

CERTIFICATE OF DEATH

1800 F 34382

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgia Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 1149 Whatcoat St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Morgan

6. DATE OF BIRTH (month, day, year) 3-15-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36		12 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ellison Dixon

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elsie Norris

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/12/37

19. UNDERTAKER Thomas E. Kilson
(Address) 1303 Presstman St.

10 1937 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1936 to 4-7, 1937

I last saw h alive on 4-7 1937 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	6 yr.
Other contributory causes of importance: Anemia	6 mo

Was an operation performed? Auth. Dept. hospital

For what disease or injury? about 6 yr ago-

Name of operation for Carcinoma breast

What test confirmed diagnosis? Was there an autopsy no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Bottomley M. D.

(Address) Balt. City Hosp

VS 3

F 34383

34383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22400 107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Joseph Felix Taylor

(a) Residence: No. 2204 Oak St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	10 9	2 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Ellsworth Taylor

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Marie Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon, Date 4-10-37

19. UNDERTAKER Hailen Funeral Home Inc. Formerly Williams & Price

(Address) 356 Pine. Ave.,

Huntington Williams, Reg.

4-9 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1937 to 4-9, 1937

I last saw him alive on 4-8, 1937 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, primary	4-1-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R B Jones M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V8 3

M. D. B 1268-9

✓ F 34384

34384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Watson

(a) Residence: No. 1800 Appleton St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 28, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME C. Watson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Lortha Martin

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Lortha Watson

(Address) 1800 Appleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 10 1937

19. UNDERTAKER Charles J. Schwab

(Address) 505 N. Monroe St.

APR 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Karsner M. D.

Coroner

(Address) 2387 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34385

CERTIFICATE OF DEATH

F 34385

Registered No. 92-6

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1717 W. Lanvale St., 7 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret T. Smith

If U. S. Veteran specify WAR

(a) Residence: No. 1717 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col'd | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE: Richd Smith

6. DATE OF BIRTH (month, day, year): July 6 1996

7. AGE: Years 50 | Months | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rochester N.Y.

FATHER

13. NAME: John Smith

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Mary E. Unknown

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Mrs Irene Chase

(Address) 1007 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem Date: April 10 1937

19. UNDERTAKER: Robert E. Lee

(Address) 1515 McCulloh St

Huntington Williams Pl. Undertaker

APR 10 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6 1937

I HEREBY CERTIFY, That I took charge of the remains described herein on the [illegible] and from the evidence (Inquest, Autopsy or Inquiry) hold as [illegible] (Inquest, Autopsy or Inquiry) found that said deceased came death on the day stated above. found about 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Valvular heart lesion,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Larsen M. D. Coroner

(Address) 1215 Harvard

OCCUPATION is very important. See instructions on back of certificate.

F 34386

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34386

CERTIFICATE OF DEATH

47-a

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. St. 11-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Span. Amer.

2. FULL NAME Harry W. Keller

(a) Residence: No. 218 W. Monument St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Brown

6. DATE OF BIRTH (month, day, year) May 18, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 4 yrs. 6 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Johnstown
(State or country) Penna.

FATHER

13. NAME David Keller

14. BIRTHPLACE (city or town)
(State or country) Penna

MOTHER

15. MAIDEN NAME Elizabeth Bracken

16. BIRTHPLACE (city or town)
(State or country) Penna.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Nat'l Cem. Date 4/12/1937

19. UNDERTAKER Wilson & Cook
(Address) 1214 E. Fayette

20. FILED APR 10 1937 Huntington W. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to April 9, 1937

I last saw him alive on April 9, 1937. Death is said to have occurred on the date stated above, at 6:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx, squamous cell	2 mos.
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 9, 1937

For what disease or injury? Carcinoma of larynx

Name of operation Tracheotomy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I.B. Is a Person, M. D.

(Address) U.S. Marine Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

34387 F 34387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5001 Anthony Ave. St.) (Ward) 26-21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. days. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles Henry Gabler

(a) Residence: No. 5001 Anthony (Usual place of abode) St. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan W.

6. DATE OF BIRTH (month, day, year) Aug 2-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merrill & Ryan

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis Gabler

14. BIRTHPLACE (city or town) (State or country) Saxony Germany

MOTHER

15. MAIDEN NAME Eugenia Mumma

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Carlton A Warner

(Address) 608 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Parish Date 4/12/37

19. UNDERTAKER William Cook & Co

(Address) 1212 at Paul St

20. Filed APR 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH 10:40 am

21. DATE OF DEATH (month, day, year) Apr 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to Apr 9 1937

I last saw h alive on Apr 9 1937. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombosis	4/9/37
Other contributory causes of importance:	
Chr. Myocarditis	1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Physical Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 N. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34388

34388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 15-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2015 N. Monroe St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wilbur W. Bullen

If U. S. Veteran specify WAR

(a) Residence: No. 2015 N Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice King Bullen

6. DATE OF BIRTH (month, day, year) Sept. 29, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	9 ~~10~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Meat Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nathan Holtzberg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Harriet Ringgold

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Alice K. Bullen

(Address) 2015 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Place Meadowridge Cem. Date Apr. 12 1937

19. UNDERTAKER Wm. H. Fuel Sons

(Address) Monroe & Pa Aves.

20. FILED Huntington Ave. Station, Md.

APR 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1937 to Apr 8, 1937

I last saw him alive on April 6, 1937 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coryza Pneumonia	Apr 7 37
(b)	
(c)	

Other contributory causes of importance: Thrombosis Coronary Artery

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond M. D.

(Address) 1600 W. North Ave

OCCUPATION is very important. See instructions on back of certificate.

Nannie

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34389

CERTIFICATE OF DEATH

6-3 46E

F 34389

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N Bradford St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nannie Burkhart - Burbart

If U.S. Veteran specify WAR .....

(a) Residence: No. 121 N Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of George

6. DATE OF BIRTH (month, day, year) August 28 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** 0037

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Walter Jenkins

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mollie Bean

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT George Burbart
(Address) 127 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 12 1937

19. UNDERTAKER Master H. E. Heppel
(Address) 27 Huntington Williams, MD

10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan — 37 to April 9 37

I last saw h... alive on April 9 37 at 12.30 P.M. Death is said to have occurred on the date stated above, at ... M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ca of the Liver	Jan 37
Acute Cardiac Dilatation	1d

Other **contributory causes** of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Fred Rey Lo M. D.

(Address) 110 N Paca St Bal Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34390

F 34390

CERTIFICATE OF DEATH

X V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General, 11-17 (Street and No.)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs,...mos...ds.

2. FULL NAME Betty Lee Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. Gambrills, Md., St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 10 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gambrills, Md.

FATHER

13. NAME Robert Lohman

14. BIRTHPLACE (city or town) (State or country) Middletown Md

MOTHER

15. MAIDEN NAME Goldie Shoppe

16. BIRTHPLACE (city or town) (State or country) Beaverdam Creek Md.

17. INFORMANT Mrs. Robert Lohman
(Address) Gambrills, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Stephens Cemetery Date Apr. 11 1937

19. UNDERTAKER Fred B. Henry
(Address) 210 Light St.

20. FILED ...19... Registrar

APR 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/7/37, 19..., to 4/9/37, 19...
I last saw h.... alive on 4/9/37, 19... Death is said to have occurred on the date stated above, at 8:02 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/2/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Isaiah A. Hunt, M. D.

(Address) Md. Gen. Hospital

OCCUPATION IS very important. See instructions on back of certificate.

VS 3

F 34391

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34391

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5207 W. North Ave St. 28-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie Rachel Shaffer

(a) Residence: No. 5207 W. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Shaffer

6. DATE OF BIRTH (month, day, year) April 4, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 2 months 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

FATHER

13. NAME Joshua Whitmore

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Laura Elliott

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William G. Shaffer
(Address) 5227 W North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date Apr. 12 1937

19. UNDERTAKER John J. Kenny
(Address) Irvington Md

APR 10 1937 Huntington Williams, Inc

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1935 to April 4, 1937

I last saw her alive on April 4, 1937 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	7/16/36
Pulmonary embolism	4/3/37
Other contributory causes of importance:	
Pulmonary edema	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos Whitmore M. D.

(Address) 4600 Liberty Heights Ave

34392 F 34392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5214 Beaufort Ave St., 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Marian Anderson.

(a) Residence: No. 5253 St. Charles Ave St., Ward.
(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel McAnderson

14. BIRTHPLACE (city or town) (State or country) Stafford Md.

MOTHER

15. MAIDEN NAME Sarah Ann Bosley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Ida R. Sweeny

(Address) Lexington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 12 1937

19. UNDERTAKER John F. Kenny

(Address) 15 Light St.

Huntington Williams, Inc.

10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 1937

22. I HEREBY CERTIFY, That I attended deceased from 1930, to 4/9 1937

I last saw h. alive on 4/9 1937. Death is said to have occurred on the date stated above, at 9.25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis pulmonary	1927
Other contributory causes of importance: Cardiac insufficiency	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis? Symptomatic

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Howell M. D.

(Address) 3902 Greenlandale

F 34393

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34393

CERTIFICATE OF DEATH

22029 153 34393

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Gross

(a) Residence: No. 1010 S. Eutaw St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ben Gross

6. DATE OF BIRTH (month, day, year): 11-9-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): HarfordCo., Md.

FATHER

13. NAME: George Heif

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Katherine Smith

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Baustin Md Date: 4-6-37

19. UNDERTAKER: Wilson T. Cohen
(Address): Frederick Md

20. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1937 to 4-9-1937

I last saw h. alive on 4-9-1937 Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pemphigus	2 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

PR 1 1937

F 34394

F 34394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

1. PLACE OF DEATH Univ Hospital

CITY OF BALTIMORE: (No. ..... St. H-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Rachel Jane Spencer

If U. S. Veteran specify WAR .....

(a) Residence: No. Patapsco; Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas W Spencer

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 77; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Workman

14. BIRTHPLACE (city or town) (State or country) Patapsco

MOTHER

15. MAIDEN NAME Workman

16. BIRTHPLACE (city or town) (State or country) Patapsco

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Patapsco Cemetery Date April 13 1937

19. UNDERTAKER J. Francis Reese
(Address) Westminster Md

20. FILED ..... 19 ..... Registrar

APR 11 1937 H. Engler Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 24, 1937 to April 10, 1937

Last saw h.e.r. alive on April 10, 1937. Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorrhage — Date of onset 3/22/37

Other contributory causes of importance:

Fracture at neck of Femur 2/24/37

Was an operation performed? Yes Date of (Dec)

For what disease or injury? .....

Name of operation Application of Cast

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 2/24, 1937

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fracture of Femur

Nature of injury by Fall

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ralph E Brack M. D.

(Address) Univ Hospital

F 34395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] Stanley St., 7-6 Ward)

Registered No. 92-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. 8 ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Warren Zimberlake

If U. S. Veteran specify WAR

(a) Residence: No. Sweet Hall Va St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Robinson Zimberlake

6. DATE OF BIRTH (month, day, year) 8/24/12

7. AGE	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
	24	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1024

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweet Hall Va

FATHER

13. NAME W. S Zimberlake

14. BIRTHPLACE (city or town) (State or country) New Kent Va

MOTHER

15. MAIDEN NAME Lizzie Martyn

16. BIRTHPLACE (city or town) (State or country) Sweet Hall Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Richmond Va Date April 10, 37

19. UNDERTAKER Thos J. Deitsch & Son
(Address) Fro Sts & Pa

20. FILED APR 11 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1937 to Apr 10, 1937

I last saw him alive on Apr 10, 1937 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	Apr 1936
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Rankin C. Blount, M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 34396

F 34396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1 PLACE OF DEATH Franklin Square Hospital

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15-2 ST., WARD)

No War Record

2 FULL NAME William Carmady

(a) RESIDENCE NO. 1823 Baker St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel E. Little Carmady

6 DATE OF BIRTH (month, day, and year) March 23, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	0	16	

8 OCCUPATION OF DECEASED Retired 1929

(a) Trade, profession or particular kind of work Supt. Electrical Service

(b) General nature of Industry, business, or establishment in which employed (or employer) Gas & Electric Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore County Md.

PARENTS

10 NAME OF FATHER William Carmady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Sarah (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London England

14 Informant Rachel E. Carmady

(Address) 1823 Baker St.

15 FILED ... 1937, 19... Huntington for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1937

17 I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1937 to April 9, 1937

that I last saw h[illegible] alive on April 9, 1937

and that death occurred, on the date stated above, at 7:10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the bladder

(Over)

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Cardiac Disease

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes. Date of Feb. 16, 1937.

Was there an autopsy? No.

What test confirmed diagnosis? Operation + X Ray.

(Signed) D. T. Battaglia M. D.

, 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster, Md.

DATE OF BURIAL 4/13/37

20 UNDERTAKER William Cook

ADDRESS 1217 St. Paul St

TION is very important. See instructions on back of certificate.

F 34397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34397

CERTIFICATE OF DEATH

11-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 East LaFayette Ave St. 8-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR No

2. FULL NAME Joseph W. Barkley

(a) Residence: No. 2302 E. LaFayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Barkley

6. DATE OF BIRTH (month, day, year) Nov. 18, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

MOTHER

15. MAIDEN NAME Esther A. Fletcher

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Md.

17. INFORMANT Ethel Everett

(Address) 1737 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Antioch, M.E., Princess Anne, Md. Date 4/12/37

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

APR 11 1937 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5 1937 to April 9 1937

I last saw him alive on April 9 1937. Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza and Acute Bronchitis	3/29/37
Other contributory causes of importance: Cardiac Dilatation	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Cruciebey M. D.

(Address) 2025 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34398

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Cox Street. St. 13-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Young

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1500 Cox Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Masimer Young

6. DATE OF BIRTH (month, day, year) Aug. 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Young

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Tressie Redding

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Estella Young

(Address) 1500 Cox Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys, Hampden Date 4/12/37. 19

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

20. FILED Hamilton Williams Registrar.

APR 11 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4th, 1937 to April 9th, 1937.

I last saw him alive on April 9th, 1937. Death is said to have occurred on the date stated above, at 11:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/4/37
Other contributory causes of importance: Emphysema-Complicated by Uremia	
Hypostatic Congestion	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Gathers Stone Mason

(Signed) H. G. Tillett, M. D.

(Address) 3601 Toltec Terrace

Llufrio

E 34399

E 34399 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Linden St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Llufrio

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1511 Linden Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary F. Llufrio

6. DATE OF BIRTH (month, day, year) Sept 15th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chemist 0026

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Llufrio

14. BIRTHPLACE (city or town) (State or country) R. I.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs John Hopper (Address) 235 W 76th St New York City

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date April 12th 1937

19. UNDERTAKER W. H. Cook (Address) 1217 St Paul St

20. FILED April 9 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to April 9 1937

I last saw him alive on April 2 1937, death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
(Myocarditis)	
Other contributing causes of importance	
Sud. Edema	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. L. Rittenhouse M. D.

(Address) 1511 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

F 34400 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34400

107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., ... Ward.)

Registered No. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ~~~~

2. FULL NAME Thomas J Sheahin

(a) Residence: No. 1502 Braddish Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) March 30, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	0	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME James M. Sheahin

14. BIRTHPLACE (city or town) Washington (State or country) D.C.

MOTHER

15. MAIDEN NAME Birdie Miller

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Birdie Sheahin
(Address) 1502 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4/12/37. 19

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St.

20. FILED APR 11 1937 19 ..... Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4/10/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/5/37 19 to 4/10/37 19
I last saw h[illegible] alive on 4/10/37 19 Death is said to have occurred on the date stated above, at 2 23 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	4/4/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Louis A. Hunt. M. D.

(Address) Md gen Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 34401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34401

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3721 PK. HGTS. AVE 15-12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellis Levy

If U. S. Veteran specify WAR .....

(a) Residence: No. 3721 PK. Hgts. Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Levy nee Fine

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Levy

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Mt Carmel D. 4/11/37

19. UNDERTAKER Jos. Levy Sons Inc

(Address) 1407 E. Balto St

20. FILED APR 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Apr. 9 1937

I last saw him alive on April 9, 1937 at 4.45 P. M. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 wks ago
Hypertension & Arteriosclerosis	yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 34402

HEALTH DEPARTMENT—CITY OF BALTIMORE

34402

CERTIFICATE OF DEATH

✓131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2476 SHIRLEY AVE St., 5-3 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME IDA WASSERKRUG

(a) Residence: No. 1634 RUXTON AVE St., ? Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseworke

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 6 mo

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia Austria

FATHER

13. NAME Aaron David Katz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT M. Wasserkrug-Son

(Address) 33 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL Washington Blvd 4/11/37

19. UNDERTAKER Jack Lemmler

(Address) 1439 E. Baltimore St

....., 19..... Registrar

APR 11 1937 Washington Nebraska, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937, to April 8, 1937

I last saw h[illegible] alive on April 8 1937. Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Myocarditis	
Ch Nephritis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Hornstein, M. D.

(Address) 733 Aisquith St.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

34403

✓ F 34403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

7 0a

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Sq. Hosp ST H-W WARD)

2 FULL NAME Mrs. Lena Guerth

(a) RESIDENCE NO 733 W. Baltimore ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	wh	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Otto N. Guerth

6 DATE OF BIRTH (month, day, and year) July 23. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HW 037

(b) General nature of Industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) Balt. Md
(State or country)

PARENTS

10 NAME OF FATHER August Rochus

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Otto N. Guerth
(Address) 733 W. Baltimore St

15 Filed APR 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 9. 1937

17
I HEREBY CERTIFY, That I attended deceased from
Apr. 3 , 19 37 , to Apr 9 , 19 37
that I last saw h alive on Apr 9 , 19 37
and that death occurred, on the date stated above, at 4 45 a m.

The CAUSE OF DEATH* was as follows:

fulminating form
Hemorrhagic Pneumonia.
Hemorrhagic

(duration) yrs. mos 14 ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) B. I Battaglia M. D.

, 19 (Address) Franklin Sq Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Apr 12 1937

20 UNDERTAKER Mr. & Mrs. John W. Teufel & Son — ADDRESS 801 W. Fayette

TION is very important. See instructions on back of certificates.

F 34404

34404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Little Sisters of the Poor — Registered No.

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Stoblitz — If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dominic Stoblitz

6. DATE OF BIRTH (month, day, year): 29 January 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Sister Stanislaus, Supr. (Address) Little Sisters of the Poor - city

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 12 1937

19. UNDERTAKER Rita Medefield (Address) For Greenmount Ave

20. FILED Apr 12 1937 Harrington Williams Registrar.

R. Apr 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10 - , 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1935 to Apr 10 1937

I last saw h[illegible] alive on Apr 9 1937. Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

F 34405 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34405

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2960 Harford Road St. 9-b Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna B. Clancy

If U. S. Veteran specify WAR N/c

(a) Residence: No. 2960 Harford Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Clancy

6. DATE OF BIRTH (month, day, year) ? ? 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Jerry Fahey

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT John J. Clancy
(Address) 2960 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. April 12, 1937
George J. Ruth, Inc.

19. UNDERTAKER 1735 Harford Ave.
(Address)

20. FILED ..... 19..... Registrar

APR 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5 1937 to April 8, 1937

I last saw her alive on April 8, 1937. Death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/5/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Ca ~~Was there an autopsy?~~ No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. D. Tyler M. D.

(Address) 2802 Harford

OCCUPATION is very important. See instructions on back of certificate.

F 34406 ✓ F 34406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2128 Cambridge St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Puka

If U. S. Veteran specify WAR .....

(a) Residence: No. 2128 Cambridge St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Puka

6. DATE OF BIRTH (month, day, year) Oct 19 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Feb 27 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

FATHER

13. NAME Joseph Pogodk

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Mary Kozlowsky

(Address) 2143 Cambridge St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr 12 1937

19. UNDERTAKER Frank Crouch & Son

(Address) 520 Cathedral Ave

FILED R 1 1937

(Signature and Title of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1937 to Apr 9 1937

I last saw her alive on Apr 9 1937 Death is said to have occurred on the date stated above, at 4 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Apoplexy	4-2-37
Bronchial pneumonia	4-4-37
Myocardial Failure	4-9-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E A Schumacher M. D.

(Address) 84 & S East Ave

OCCUPATION is very important. See instructions on back of certificate.

F 34407 Rakestraw ✓ F 34407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geraldine Rakestraw

If U. S. Veteran specify WAR .....

(a) Residence: No. Union Bridge St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 20 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md

FATHER

13. NAME Irvin Earl Rakestraw

14. BIRTHPLACE (city or town) (State or country) Union Bridge Md

MOTHER

15. MAIDEN NAME Troy V. Sherman

16. BIRTHPLACE (city or town) (State or country) Union Bridge Md

17. INFORMANT Irvin Earl Rakestraw

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Union Bridge Cem. Date 4/13/37

19. UNDERTAKER Frank E. Hafer

(Address) New Windsor Md

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 4 a.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Bullet wound in the brain.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/11 , 1937

Where did injury occur? Union Bridge Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In house

Manner of Injury Shot self with pistol

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Ram Kerpner M. D.

Coroner

(Address) 1215 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

11 1937

F 34408

F 34408 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1702 Edmondson ave 46-3 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William b. Falck

If U.S. Veteran specify WAR .....

(a) Residence: No. 1702 Edmondson ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced: HUSBAND of Anna H. Falck

6. DATE OF BIRTH (month, day, year) Dec-19-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Casper Falck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Shulman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Lizetta Falck 3055 Spaulding ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 12, 1937

19. UNDERTAKER John A. Inman

(Address) 3000 E. Balto St.

20. Filed [illegible] Undertaker.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/ , 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 , 19 37 to Apr. 8 , 19 37

I last saw h[illegible] alive on Apr. 6th , 19 37 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
senile asthenia	
chronic myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Morton Jones M.D.

(Address) 1 17 Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 34409 Theodore A Payzleitner F 34409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Manhattan Ave 27-19 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theodore A. Payzleitner

(a) Residence: No. 2910 Manhattan Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Mary Kane Payzleitner

6. DATE OF BIRTH (month, day, year) Jan. 23rd 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photo-Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Augustus Payzleitner

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Doethea Zoe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Mary Payzleitner 2910 Manhattan Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 4/12 1937

19. UNDERTAKER (Address) E. J. Fanning & Son 1938 E. Lafayette Ave.

20. FILED ..... Registrar

APR 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1937 to Apr 9 1937

I last saw him alive on Apr 8th 1937. Death is said to have occurred on the date stated above, at 1300 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	4/2/36

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. William Frey M. D.

(Address) 1928 Penna Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-8-35—A Co.—200 Bks.

F 34410

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34410

CERTIFICATE OF DEATH.

93-c

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1639 E North Ave St. 8-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Sallie M. Johnson

(a) RESIDENCE NO. 1639 E. North Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

3a If married, widowed, or divorced (or) WIFE of William D. Johnson (deceased)

6 DATE OF BIRTH (month, day, and year) Dec 12, 1866.

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	70	3	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Snowhill. Md

(State or country)

PARENTS

10 NAME OF FATHER Edward Kelley

11 BIRTHPLACE OF FATHER (city or town) Snowhill. Md.

(State or country)

12 MAIDEN NAME OF MOTHER Margaret Doughty.

13 BIRTHPLACE OF MOTHER (city or town) Snowhill. Md

(State or country)

14 Informant Edward D. Johnson

(Address) 1639 E. North Ave

15 Filed APR 1 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April. 10. 1937 19

17 I HEREBY CERTIFY, That I attended deceased from Dec 5 1936, to April 10 1937, that I last saw h[illegible] alive on April 10 1937, and that death occurred, on the date stated above, at 5.10 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Myocardial insufficiency.

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, hypertension, hypoplasia (left) 1/2/36

(duration) 20 yrs. mos. ds.

18 Where was disease contracted? Snowhill. Md

If not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No

(Signed) H. P. Houston M. D.

, 19 (Address) 1123 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Snow Hill Md — Date of Burial 4/12 1937

20 UNDERTAKER Robert Brooks & Son — ADDRESS Calvin Hollins

very important. See instructions on back of certificates.

34411 E 34411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 438 E. North Ave., 12-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Lifetime mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Leonard

If U.S. Veteran specify WAR .....

(a) Residence: No. 438 E. North Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Leonard

6. DATE OF BIRTH (month, day, year) July 3 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 000-2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Leonard

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Smith

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Julia Leonard

(Address) 438 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. April 2 1937

19. UNDERTAKER Albert W. Gregory

(Address) 440 E. North Ave

20. FILED ..... 19 ..... Registrar.

APR 11 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9- 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 1930 to 4-9- 1937

I last saw him alive on 4-8- 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 1934

Other contributory causes of importance:

Obesity - Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. Victor Richards M. D.

(Address) Blackstone Apts. Balto.

F 34412

34412 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

9413

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3318 Gilman Terrace Ward) 13-b

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. Hoffmeyer

If U. S. Veteran specify WAR

(a) Residence: No. 3318 Gilman Terrace St. 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Hoffmeyer

6. DATE OF BIRTH (month, day, year) Feb. 28-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Hoffmeyer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hemel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Katie Hoffmeyer
(Address) 3318 Gilman Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 12- 1937

19. UNDERTAKER Horace G. Burgee
(Address) 3631 Falls Road

20. FILED 19 Registrar.

APR 11 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15. 1937. to April 7. 1937

I last saw h/ alive on April 7. 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 2-9-37

Other contributory causes of importance: Myocardial Insufficiency — 3-15-37

MEDA

Was an operation performed? Yes. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur J. Dorsey, M. D.

(Address) 800 N. Eutaw

F 34413

F34413 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34413

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rudolf Boer

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Shaloom Date 4/11/37 19

19. UNDERTAKER Jas. Lenglum
(Address) 1439 E. Baltimore St.

20. FILED ... 19 ... Registrar.

APR 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937 to April 11, 1937

I last saw h.. alive on April 11, 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Pulmonary Edema	
Other contributory causes of importance:	
Arteriosclerosis	Prob.
Hypertension	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A. Kyffy, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 34414 ✓F 34414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 N. Broadway St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Ryan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1038 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (Month, day, year): Aug 23 - 1861

7. AGE: Years 75 | Months 7 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Federal Land Bank

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0009

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: James Ryan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Broderick

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Agnes Restuccia
(Address) 1038 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem Date April 13 37

19. UNDERTAKER: Chas H. Mann & Son
(Address) 118 W. Mt. Royal Ave

20. FILED (Date) 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2 . 1937 to April 10 . 1937

I last saw h alive on April 9 . 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism . — Date of onset

Other contributory causes of importance:

arterio sclerosis . cardiac & nephritis .

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Ryan M. D.

(Address) 1101 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 34415

34415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22190 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Daniel Gibson

(a) Residence: No. 672 W. Franklin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena Gibson

6. DATE OF BIRTH (month, day, year) 10-5-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Melvina ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 4-12 1937

19. UNDERTAKER Francis A. Hemsley

(Address) 578 N. Biddle St.

20. FILED 19 Registrar.

R. 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-26 1937 to 4-8 1937

I last saw him alive on 4-8 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	3 mos
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. F. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 34416 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34416

CERTIFICATE OF DEATH

22215 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Lee

If U. S. Veteran specify WAR

(a) Residence: No. 129 S. Caroline St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-12-1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Lawrence Lee

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Christina Allen

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date April 12 37

19. UNDERTAKER Roberth & Spokane
(Address) 804 W. Caroline St.

20. FILED 19 Registrar.

APR 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1937 to 4-9 1937

I last saw him alive on 4-9 1937. Death is said to have occurred on the date stated above, at 6.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Miliary Tuberculosis Lung	1 mo. 4 mos
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospital

Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSES OF DEATH in plain terms, so that it may be properly classified.

F 34417

F 34417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 17-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Jane Shealey

(a) Residence: No. 3301 St. Paul St., Ward. Baltimore.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		Twenty	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alexander Shealey

14. BIRTHPLACE (city or town) (State or country) Aiken, S.C.

MOTHER

15. MAIDEN NAME Bridget Boylston

16. BIRTHPLACE (city or town) (State or country) Aiken, S. C.

17. INFORMANT Alexander Shealey
(Address) 3301 St Paul St., Balt.

18. BURIAL, CREMATION, OR REMOVAL
Place Ferncliff Date April 13 1937

19. UNDERTAKER John D. Mitchell & Sons
1900 Eastern Ave

20. FILED [illegible] Registrar.

APR 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1937 to April 11, 1937.
I last saw her alive on April 11, 1937. Death is said to have occurred on the date stated above, at 1:22 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-11-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Mary Dawson Hall M.D.
(Address) Women's Hospital

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34418 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34418

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2520 Green Mount Ave. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rhoda C. Capps

If U. S. Veteran specify WAR

(a) Residence: No. 2520 Green Mount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Capps

6. DATE OF BIRTH (month, day, year) April 15.1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME John B.Helm

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Sarah J.Sindall

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ella S.Beall

(Address) 424 West Gate Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr.12.1937

19. UNDERTAKER Schoo Ortwein & Sons

(Address) 1900 Eutaw Place

20. FILED APR 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 10,1937

22. I HEREBY CERTIFY, That I attended deceased from apl. 6 1937 to apl. 10. 1937

I last saw h alive on apl 10. 1937 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe	4-6-37
Other contributory causes of importance: Broncho Pneumonia	Last day

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. C. Blake M.D. M. D.

(Address) Medical Arts Bldg.

Exact statement of OCCUPATION is very important. See instructions on back of certificate. Cause of death in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34419

CERTIFICATE OF DEATH

F 34419

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 17-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Dorsey

If U. S. Veteran specify WAR

(a) Residence: No. 784 Bradley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ×

6. DATE OF BIRTH (month, day, year) March 30, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	50	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Lewisburg Co Virginia

MOTHER

15. MAIDEN NAME Hattie Wills

16. BIRTHPLACE (city or town) (State or country) Worcester Co Maryland

17. INFORMANT Beulah Dorsey Sorrell (Sister)

(Address) 2413 Frances

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 12, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED APR 12 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, and (Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral apoplexy

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34420

CERTIFICATE OF DEATH

46-E F 34420

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Ford

If U. S. Veteran specify WAR

(a) Residence: No. 432 Lloyd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Ford.

6. DATE OF BIRTH (month, day, year) June 23, 1894

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
42	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME John Ford

14. BIRTHPLACE (city or town) (State or country) Annapolis, Md

MOTHER

15. MAIDEN NAME Charlotte Stewart

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Ida Ford
(Address) 432 Lloyd St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date April 12, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Edmondson Ave

20. FILED April 9 1937 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1937 to April 8, 1937

I last saw h.i.m. alive on April 8, 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis a	
	Apl

Other contributory causes of importance:

Was an operation performed? Negative Date of 3/1/37

For what disease or injury? See

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) ... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34421

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Holbrook St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 10 mos. 23 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa M Warthen

(a) Residence: No. 1410 Holbrook St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carlton E Warthen

6. DATE OF BIRTH (month, day, year) May 17 - 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leo Walter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madeline Hirth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carlton E. Warthen

(Address) 1410 Holbrook

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr 12, 1937

19. UNDERTAKER H. Sturm & Sons

(Address) Front & Fleet

FILED APR 12 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936 to Apr. 9, 1937

I last saw her alive on April 9, 1937 Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1935

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Holmes M. D.

(Address) 16 S. Broadway

FILE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-b

F 34422

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34422

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Allendale Road St., 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margurite Eyster Lord

(a) Residence: No. 2031 Park Road N. W. Wash. D.C. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank B. Lord

6. DATE OF BIRTH (month, day, year) October 10, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Md.

FATHER

13. NAME Charles M. Eyster

14. BIRTHPLACE (city or town) (State or country) E. Berlin Penna.

MOTHER

15. MAIDEN NAME Margurite Crumrine

16. BIRTHPLACE (city or town) (State or country) Manchester Md.

17. INFORMANT (Address) Mr. Frank B. Lord 2031 Park Road N. W. Wash. D. C.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date April 12, 1937

19. UNDERTAKER (Address) Thos. J. Pickus & Sons North & Pa. Ave.

20. FILED PR 12 1937 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 6.45 p.m.,

The principal cause of death and related causes of importance were as follows: Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify)

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34423

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 131

CITY OF BALTIMORE: (No. Rayner Ave & Dukeland) (Ward) 57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Hugh K. Clippinger

If U.S. Veteran specify WAR .....

(a) Residence: No. 2805 West North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Beulah S Clippinger

6. DATE OF BIRTH (month, day, year): Apr. 10, 1876

7. AGE: Years 61 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rowan Contolber Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Martinsburg W. Va.

FATHER

13. NAME: Hugh Long Clippinger

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Sidney Kanowy

16. BIRTHPLACE (city or town) (State or country): Shippensburg Pa.

17. INFORMANT (Address): Mr Hubert E Clippinger 2805 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Londonderry Date: Apr. 13 1937

19. UNDERTAKER (Address): 10 Mr Richard Bond North & Pa Aves

20. FILED: APR 12 1937 Thos. J. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9th, 1937, to April 10th, 1937.

I last saw him alive on April 10th, 1937. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular-renal disease	?
Other contributory causes of importance: Uremia	3-5-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Blood Chemistry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, when?

(Signed) J. Alexander M. D.

(Address) West Balto Gen Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of DEATH in plain terms, so that it may be properly classified.

F 34424

34424 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34424

CERTIFICATE OF DEATH

597

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Barclay St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Frances Steiner

If U.S. Veteran specify WAR .....

(a) Residence: No. 1807 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of L. D. Steiner

6. DATE OF BIRTH (month, day, year) Nov 22, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	5 4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Farro Douglas

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. H. G. Klair
(Address) Barclay St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 12 1937

19. UNDERTAKER E. LeRoy Stifflemire
(Address) [illegible]

20. FILED [illegible] Registrar.

R 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1937, to April 10, 1937

I last saw her alive on April 9, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Right Hemiplegia	2-23-37
Other contributory causes of importance:	
Diabetes	1928

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Louis G. Baumgardner M. D.

(Address) 613 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34425

CERTIFICATE OF DEATH

46-C F. 34425

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Poplar Grove St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Rose Rambo

(a) Residence: No. 1509 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late David Rambo

6. DATE OF BIRTH (month, day, year) March 5 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs A. P. Molesworth
(Address) 1511 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 13 1937

19. UNDERTAKER Geo W Sotte
(Address) 2700 Edmondson Ave

R 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to April 11, 1937

I last saw h alive on April 10, 1937 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer / Transverse Colon	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury? No

Name of operation No Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 34426 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34426

CERTIFICATE OF DEATH 22478 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Madsen

If U. S. Veteran specify WAR

(a) Residence: No. 818 S. East Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-6-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME George Madson

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Mary Ensor

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Date April 13

19. UNDERTAKER John Ulrich
(Address) East Fallsway

20. FILED [illegible] 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-6-1937 to 4-10-1937

I last saw her alive on 4-9-1937 Death is said to have occurred on the date stated above, at 4:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of [illegible] uterus	
Other contributory causes of importance:	

Was an operation performed? yes Date of 4-9-37

For what disease or injury? Ca. Carcinoma of uterus

Name of operation Panhysterectomy

What test confirmed diagnosis? Microscope Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) F. L. Carpenter M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34427

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34427

CERTIFICATE OF DEATH

6-5-106-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Caroline St. St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY CHRISTINA HERZINGER

If U. S. Veteran specify WAR

(a) Residence: No. 423 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Herzinger

6. DATE OF BIRTH (month, day, year) Dec. 8, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Christian Hax

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Mary C. Meisz

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Henry J. Herzinger
(Address) 423 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 2, 37

19. UNDERTAKER John Ulrich
(Address) 2005 Eutaw

20. FILED APR 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 19 37 to April 9 19 37

I last saw her alive on April 8 19 37 Death is said to have occurred on the date stated above, at 3 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	1/29
(Hypostatic Pneumonia)	4/4

Other contributory causes of importance: Senility

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. O. Neer M. D.

(Address) 408 S. Bat Park Ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34428

F 34428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 26-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4522 Minnesota ave St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Bernard

(a) Residence: No. 4522 Minnesota Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Carrie Bernard

6. DATE OF BIRTH (month, day, year) March 20, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Shipyard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER FATHER

13. NAME John Bernard

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Carrie Bernard

(Address) 4522 Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem Date Apr 14 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Eastern

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker . M. D.

Coroner

(Address) 1717 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34429 CERTIFICATE OF DEATH ✓107-A **F 34429**

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 11-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Green

(a) Residence: No. 216 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 13, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Robert Green

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elsie Allen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Robert Green
(Address) 216 Madison ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/12 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

Registrar.

APR 12 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Inquest, Autopsy or Inquiry) and that said deceased came to [illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Vent Schenley, M. D.
Coroner

(Address) 1917 E. Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34430 CERTIFICATE OF DEATH ✓ 131 **F 34430**

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 N. Carey St. 15-1 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jane Rebecca Bundy.

(a) Residence: No. 1324 N. Carey St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Jordan Bundy.

6. DATE OF BIRTH (month, day, year) Aug 12, 1876.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	7	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co Md.

FATHER

13. NAME David Fivers

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

MOTHER

15. MAIDEN NAME Miller

16. BIRTHPLACE (city or town) (State or country) Chas Co. Md.

17. INFORMANT (Address) Mary Jonny 1324 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Cemty Date April 13 37

19. UNDERTAKER T. E. Kelson (Address) 1303 Pressman St

Huntington Williams, M.D. Registrar

20. FILED APR 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1937 to Apr 9, 1937

I last saw h.e.r alive on Apr 8, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis.	
Chr. Nephritis.	

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of Injury....., 19.....

Where did Injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E. Shannon, M. D.

(Address) 700 N. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 34431

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1421 W. Lanvale St. 16-2 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Watkins. If U. S. Veteran specify WAR .....

(a) Residence: No. 1421 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jake Watkins

6. DATE OF BIRTH (month, day, year) — 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Jake Watkins
(Address) 1421 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Columbia S.C Date 4/12/37

19. UNDERTAKER T. C. Kelson
(Address) 1303 Pennsylvania Ave

4/13/1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to April 11, 1937

I last saw h[illegible] alive on April 11, 1937 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of uterus	7

Other contributory causes of importance:

None

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) [signature] M. D.

(Address) 1536 W. Lanvale St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34432 — CERTIFICATE OF DEATH — F 34432

164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 540 N North ave St., 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edgar Fitz

If U. S. Veteran specify WAR .....

(a) Residence: No. Rouzerville Penna. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Fitz

6. DATE OF BIRTH (month, day, year): Feb. 10, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rouzerville Penna.

FATHER

13. NAME: Samuel Fitz

14. BIRTHPLACE (city or town) (State or country): Highfield Md.

MOTHER

15. MAIDEN NAME: Emma Fitz

16. BIRTHPLACE (city or town) (State or country): Penna.

17. INFORMANT: Robert M. Fitz

(Address): Essex Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Waynesboro Penna. Date: April 13, 1937

19. UNDERTAKER: Walter J. Grove

(Address): Waynesboro Penna.

FILED: April 13 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma from Poisonous Gas	April 11 1937
Inhaling Illuminating	
making Gas	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-11-1937

Where did injury occur? 540 N North ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In House 540 N North ave

Manner of injury Inhaling illuminating Gas

Nature of injury Carbon Monoxide Poisoning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter J. Grove M. D. Coroner

(Address) Waynesboro

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34433

1. PLACE OF DEATH 1326 McCulloh — 11 — 1423-a-11a — Registered No. ....

CITY OF BALTIMORE: (No. .... St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Louise Adel Johnson — If U. S. Veteran specify WAR ....

(a) Residence: No. 32 Fort Connecticut St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Johnson

6. DATE OF BIRTH (month, day, year) Dec 16 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
34	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME William T. Howe

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Cassie Gray

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Iris Watts
(Address) 1326 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Mount Lebanon Cem. 4/13/37 19

19. UNDERTAKER Talem R. Mason
(Address) ....

APR 12 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an .... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said .... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
Other contributory causes of importance:	

Was an operation performed? .... Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury .... , 19 ..

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Ernest Leroy Coroner, M. D.

(Address) 1215 Hanover St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34434 CERTIFICATE OF DEATH 37-108 F 34434

1. PLACE OF DEATH

Registered No. 22330

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Addison

(a) Residence: No. 720 Grinnald Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-7-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Lucinda Daley

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 4/13/37

19. UNDERTAKER Leonard L. Diamond
(Address) 1218 W. Baltimore St.

Date 4/12/1937 [illegible] Williams, M.D.
Res.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11-37

22. I HEREBY CERTIFY, That I attended deceased from 3-31-1937 to 4-11-1937

I last saw h. alive on 4-11-1937 Death is said to have occurred on the date stated above, at 4:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Lobar Pneumonia	16 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul L. Kerby M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34435

F 34435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 146

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 15th Division St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Johnson

If U.S. Veteran specify WAR .....

(a) Residence: No. Towson, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Towson Maryland

FATHER

13. NAME: David Clyde Johnson

14. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

MOTHER

15. MAIDEN NAME: Mabel Cordova

16. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

17. INFORMANT (Address): Mabel Johnson Towson Md.

18. BURIAL, CREMATION, OR REMOVAL: Place Fair View Cemetery Date 4/13/37

19. UNDERTAKER: Archibald A. Godden (Address) 2401 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

R 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/37

22. I HEREBY CERTIFY, That I attended deceased from 3/31/37 to 4/10/37

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Hypostatic	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. B. Butler, M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34436

CERTIFICATE OF DEATH 11-a

F 34436

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital St., 1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Hambleton Slingluff

If U.S. Veteran specify WAR .....

(a) Residence: No. Eugenia Ave. Ferndale Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret Slingluff

6. DATE OF BIRTH (month, day, year): Sept. 7, 1888

7. AGE: Years: 49 | Months: 7 | Days: 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Foreman,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building

10. Date deceased last worked at this occupation (month and year): 4-1-37.

11. Total time (years) spent in this occupation: 10.

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER | FATHER

13. NAME: Dr. Frank Slingluff

14. BIRTHPLACE (city or town) (State or country): Maryland.

15. MAIDEN NAME: Belle Cross

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Mrs. Margaret Slingluff Ferndale, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 4/13, 1937

19. UNDERTAKER (Address): Henry W. Meaks and Son 502 N. Calvert Street

Filed APR 12 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to April 9, 1937

I last saw him alive on April 9, 1937. Death is said to have occurred on the date stated above, at 8:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3-27-37
Lobar Pneumonia	4-1-37
Other contributory causes of importance:	
Hemorrhage from gastric ulcer	4-8-37.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harvey M. Moore M. D.

(Address) Glen Burnie, Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34437

34437 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. ..... St., 9-3 Ward)

Length of residence in city or town where death occurred 5 yr. 1 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR —

2. FULL NAME Joan Zirkenbach (ZIRKENBACH)

(a) Residence: No. 726 Greenville ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: American

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 1st 1932

7. AGE: Years 5 | Months 1 | Days 4 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Earl F. Zirkenbach

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Buford Maynard

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Earl Zirkenbach
(Address) 726 Greenville Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date apr-12-37

19. UNDERTAKER G. B. Whitehill & Son
(Address) 530 Eutaw Place.

20. FILED APR 12 1937 Edw. J. Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/37 19 .. to 4/9/37 19 ..

I last saw her alive on 4/9/37 19 .. Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute glomerular nephritis	2 weeks
Broncho pneumonia bilat -	" "
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Robert Abramson M. D.

(Address) Sinai Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34438

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. 16-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., (Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Sith (18328)

If U. S. Veteran specify WAR

(a) Residence: No. 927 Parrish St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 10, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME James E. (?)

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Georrienna Foster

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Old Calvary Date April 13 1937

19. UNDERTAKER Chas. G. Cooper
(Address) 514 N. Calhoun St.

20. FILED Huntington for Williams, MD Registrar.

R 4-12-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 30 1936 to April 10, 1937

I last saw him alive on April 10, 1937 Death is said to have occurred on the date stated above, at 8:45 a.m. A. M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset June 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Feldman M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34439

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Donegan

If U. S. Veteran specify WAR .....

(a) Residence: No. 2276 Creston ave. St., Bronx Ward. N. York City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-30-29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 6th D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Walter Donegan

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Louise Conville

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL New York City N.Y. Date April 12 1937

19. UNDERTAKER Bernard C. Harle

(Address) 121 E West St.

20. FILED APR 14 1937 Thurston Witness, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to April 12, 1937

I last saw h.cr alive on 4-12, 1937. Death is said to have occurred on the date stated above, at 3.04 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	?
(malignant) + cerebellar	acute symptoms 3 mo.

Other contributory causes of importance:

? sinus thrombosis

Was an operation performed? Yes Date of 4 6 37

For what disease or injury? Brain Tumor

Name of operation Cerebellar exploration

What test confirmed diagnosis? histologic section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34440

34440 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 W Franklin St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Blanche M. Forrester

(a) Residence: No. 1823 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 21-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. H. Forrester

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Virginia Buckingham

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT B. F. Forrester
(Address) 1823 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 13 1937

19. UNDERTAKER Chas. E. Francis
(Address) 501 Madison Ave

Huntington Williams, M.D.

APR 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Apl. 4 1937 to Apl. 10 1937

I last saw h[illegible] alive on Apl. 9 1937. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
La Grippe.	4.4.37
Other contributory causes of importance: Arterio Sclerosis Chr Interstitial Nephritis	many years

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) Herbert C Blake M. D.

(Address) Med. Arts Bldg.

F 34441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 164 Dolphin St. (or Ward) 11-2

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Scott

(a) Residence: No. 164 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Scott

6. DATE OF BIRTH (month, day, year) Oct 15 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Emma Scott
(Address) 164 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/13 1937

19. UNDERTAKER Chas. McGlone & Son
(Address) 838 W. Fayette

4/ 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thos. Corner M. D.
Coroner

(Address) 2616 Harford

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34442

CERTIFICATE OF DEATH

59

Registered No. 25-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4420 Belvieu Ave St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Franklin Brock
If U. S. Veteran specify WAR

(a) Residence: No. 4420 Belvieu Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Carrie Elizabeth Brock

6. DATE OF BIRTH (month, day, year) Apr. 19 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 1869

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Armistead

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER FATHER

13. NAME John Henry Brock

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lydia Koontz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Carrie E. Brock
(Address) 4420 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Apr 14 1937

19. UNDERTAKER Wm Tickner & Sons
(Address) Nott & Andes.

20. FILED , 19 Registrar.

R 12 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 1932, 19, to Apr 11, 1937

I last saw him alive on Apr 10, 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 yrs
Other contributory causes of importance: Senile nephritis & uraemia	Mch 11-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Mmd Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
No If so, specify

(Signed) M Bowman and Lord M. D.
(Address) 2200 Garrison Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34443

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 34443

CERTIFICATE OF DEATH

12762/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 18-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1912 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lonnie Worley

If U. S. Veteran specify WAR

(a) Residence: No. 804 W. Fayette St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-15-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	40 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Circus Man Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri

FATHER

13. NAME Hiram Worley

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Elizabeth M'Cafee

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 4-12 1937

19. UNDERTAKER J. Enoch Fox
(Address) 1318 Eutaw St

20. FILED Huntington Williams
(Signature)

R 4-7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1930 to 4-5, 1937

I last saw h.l M alive on 4-5, 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	1930
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) John F. Carney M. D.

(Address) Baltimore City Hospitals

H

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34444 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34444

CERTIFICATE OF DEATH

95-B22419

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 202 S. Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	89			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgiam

FATHER

13. NAME Mike Schmidt.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Sacred Heart Date 4-12 1937

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1311 Baltimore St

20. FILED 19 Registrar

R. 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3 1937 to 4-8 1937

I last saw him alive on 4-8 1937 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease,	Unk.
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Wm. F. Ramey M. D.

(Address) Baltimore City, Maryland

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34445

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U. S. If of foreign birth? 33 yrs. mos. da.

2. FULL NAME Adolph Wenziniak

If U. S. Veteran specify WAR

(a) Residence: No. 1528 Thames St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Wenziniak

6. DATE OF BIRTH (month, day, year): 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: John

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Marian ?

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Date: 4-12- 1937

19. UNDERTAKER: J. J. Fahey & Son

(Address): 1318 Light St

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12 1934 to 4-8 1937

I last saw h. alive on 4-8 1937 Death is said to have occurred on the date stated above, at 8 05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	4 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 12 1937

F 34446

F 34446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3358 Strickland St. 70-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Wantlin

If U. S. Veteran specify WAR

(a) Residence: No. 3358 Strickland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nathan B. Wantlin

6. DATE OF BIRTH (month, day, year): June 9, 1861

7. AGE: Years 75 | Months 10 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland.

FATHER

13. NAME: John S. Hyatt.

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Maryland.

MOTHER

15. MAIDEN NAME: Jane Poole

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT: Nathan B. Wantlin

(Address) 3358 Strickland St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Damascus Cem. Date: Apr. 13 1937

19. UNDERTAKER: Easton Sons

(Address) Ellicott City.

(Signed) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1937, to Apr 9, 1937

I last saw her alive on Apr 9, 1937 Death is said to have occurred on the date stated above, at 9.28 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Other contributory causes of importance:	
Hypertension	
Hypostatic pneumonia	4 days

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. T. Hyatt M. D.

(Address) 3321 Edmondson Ave

R 12 1937

Registrar, Baltimore, Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34447

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 56-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Lesnick

If U. S. Veteran specify WAR

(a) Residence: No. 321 Elliot St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Lesnick

6. DATE OF BIRTH (month, day, year) July 5 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Wm Klasowski

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Mary Weicker

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT (Address) Joseph Lesnick 321 Elliot St

18. BURIAL, CREMATION, OR REMOVAL Date 4/14/37

19. UNDERTAKER (Address) John J. Duda 2011 Hudson St

20. FILED APR 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/9, 1937, to 4/11, 1937

I last saw h.e.l. alive on 4/11, 1937. Death is said to have occurred on the date stated above, at 7.55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rt breast	Unknown
Other contributory causes of importance:	
Metastatic carcinoma	unknown

Was an operation performed? Yes Date of June 1936

For what disease or injury? carcinoma of breast

Name of operation Radical amputation of breast

What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Dunnigan M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34448

F 34448 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Josephs Hospital (St.) 7-10 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Reinhardt

If U.S. Veteran specify WAR .....

(a) Residence: No. 735 Mc Cabe Ave, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Philomena A Reinhardt

6. DATE OF BIRTH (month, day, year) Sept 28-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles C Reinhardt

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Virginia Coulter

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Chas Reinhardt

(Address) 735 Mc Cabe ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Roman Date April 14 1937

19. UNDERTAKER Chas F. Reed & Son

(Address) 11 Stirling Royal ave

20. FILED APR 12 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22 1937 to April 11, 1937

I last saw him alive on April 11, 1937. Death is said to have occurred on the date stated above, at 11 07 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Austraw M. D.

(Address) St Josephs Hospital

R 12 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34449 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 F 34449

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St.) (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Boy Gearhart. If U. S. Veteran specify WAR

(a) Residence: No. 711 Eyleside Ave, Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville, Md

FATHER

13. NAME Stanley Gearhart

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Ruth Fagan

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT May Phelps (Address) Edmett City md

18. BURIAL, CREMATION, OR REMOVAL

Place Good Shepherd Date 4-13 1937

19. UNDERTAKER T.S. Kirkwood & Son (Address) Edmett City Md

20. FILED ...19... Registrar

APR 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/11/37 ...19... to 4/12/37 ...19...

I last saw h... alive on 4/12/37. 19... Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity. (6 mo)	

Other contributory causes of importance:

Was an operation performed? ...Date of...

For what disease or injury?...

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury...

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No ...If so, specify...

(Signed) Jonah A. Kraft. M. D.

(Address) Md. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34450

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N. Central Ave. St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick J. Casey.

If U. S. Veteran specify WAR

(a) Residence: No. 1327 N. Central Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 21 1877

7. AGE: Years 59 | Months 4 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: James F. Casey

14. BIRTHPLACE (city or town) (State or country): Ire.

MOTHER

15. MAIDEN NAME: Annie E. Ellsham

16. BIRTHPLACE (city or town) (State or country): Ire.

17. INFORMANT: Ella Casey

(Address) 1327 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 4/13/37

19. UNDERTAKER: John A. Magan

(Address) 8100 E. Balto St.

20. FILED: Huntington Williams, Clk.

APR 12 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/10/37

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1937, to April 10, 1937

I last saw him alive on April 9, 1937. Death is said to have occurred on the date stated above, at 12.50 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	4/9/37
Other contributory causes of importance: Cardio vascular collapse	4/9/37
Chronic nephritis	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. DiPaula M. D.

(Address) 232 S. Conkling St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 34451

34451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 744 Carroll St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ...

(a) Residence: No. 744 Carroll St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Hartley

6. DATE OF BIRTH (month, day, year) Dec 12 84

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kincaid, Ky.

FATHER

13. NAME Nathan Hartley

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Fuller

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Myrtle Hartley

(Address) 744 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Penn Cemetery Date 4/14, 1937

19. UNDERTAKER Edmund Walter

(Address) 522 Druid Hill Ave

DATE APR 14 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1937 to Apr. 10 1937

I last saw him alive on Apr 10 1937 Death is said to have occurred on the date stated above, at 10 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	3 Days
Other contributory causes of importance:	
Arthritis	6 Yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos E Cate M. D.

(Address) 523 Scott St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34452

F 34452

CERTIFICATE OF DEATH

X 53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Messogeanis

If U. S. Veteran specify WAR

(a) Residence: No. 172 Spring St St., Ward. Charleston S C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 5/15/93

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME John Messogeanis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Charlestown md for April 12th 37

19. UNDERTAKER Leo G. Clark

(Address) 1703 N Patterson Park Ave

20. FILED APR 12 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1937 to Apr 11, 1937

I last saw him alive on Apr 11, 1937 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - malignant	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-10-37

For what disease or injury? Brain Tumor

Name of operations Left craniotomy - partial removal of glioma

What test confirmed diagnosis operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Cassius Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34453

F 34453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 154

CITY OF BALTIMORE: (No. 15 14 Division St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Baby~~ Brown

If U.S Veteran specify WAR ...

(a) Residence: No. 1302 Eden St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — Female | 4. Color or Race C | 5. ~~Single~~, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) 4-3-37

7. AGE: Years | Months | Days 1 day | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles Brown

14. BIRTHPLACE (city or town) Spartanburg (State or country) South Carolina

MOTHER

15. MAIDEN NAME Cora Rogers

16. BIRTHPLACE (city or town) Spartanburg (State or country) South Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 12 1937

Cemetery or Crematory

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Wallace, MD

APR 12 1937

3153

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/3/37 to 4/10 1937

I last saw him alive on 4/10 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prematurity (30 weeks)

Atelectasis

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. B. Cutler M. D.

(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34454 ✓ F 34454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 159
CITY OF BALTIMORE: (No. 15 17th Division St., 14-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Hogan
If U.S. Veteran specify WAR
(a) Residence: No. 1320 Edmondson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race colored | 5. Single, Married, Widowed, or Divorced (write the word)

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 4/3/37

7. AGE: Years | Months | Days 1 | If LESS than 1 day, 1 hr. or 23 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Nathaniel Hogan
14. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

MOTHER
15. MAIDEN NAME Inez Jones
16. BIRTHPLACE (city or town) (State or country) Augusta County Virginia

17. INFORMANT Mrs. Hogan
(Address) 1320 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
PERMIT TO BE ISSUED BY UNIVERSITY MEDICAL SCHOOL APR 12 1937 19
Commissioner of Health

19. UNDERTAKER
(Address) Per H. A. Moore

APR 12 1937 3157

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/6 1937 to 4/8 1937
I last saw h alive on 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Abortion (4½ months) — Date of onset

(Point extend as emergency)

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. C. Butler M. D.
(Address) Provident Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34455

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34455

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 727 Waseche St. 4th Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella W. Kelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 727 Waseche St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lee Kelly

6. DATE OF BIRTH (month, day, year) May 4 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benj. Woods

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Mabel Thompson

(Address) 727 Waseche St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 12, 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED APR 12 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 10 1937.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation — Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.

Coroner

(Address) 509 Annapolis

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34456

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S Augusta Ave Ward 20-8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin C. Brushler

If U. S. Veteran specify WAR

(a) Residence: No. 422 S. Augusta ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Catherine Thuman Brushler

6. DATE OF BIRTH (month, day, year) June 8, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept. 0001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa

FATHER

13. NAME Michael Brushler

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Annie Seibel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Brushler

(Address) 422 S. Augusta ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/13 1937

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Eight St.

20. FILED 19

Registrar.

APR 12 1937

Huntington Hathaway, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1936 to April 10, 1937

last saw alive on April 10, 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between Onset and Death
Coronary Embolism	4/9/37
Other contributory causes of importance: Myocarditis Arteriosclerosis	3

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Kolyenberg M. D.

(Address) 721 Madison Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

F 34457

F 34457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Scott St St. 21-L Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Shaw

If U. S. Veteran specify WAR ...

(a) Residence: No. 505 Scott St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Shaw

6. DATE OF BIRTH (month, day, year) April 16, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49 50	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman Salto. City Water Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salto. Md.

FATHER

13. NAME John G. Shaw

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Salto. Md.

17. INFORMANT Florence E. Shaw

(Address) 505 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 4/13/ 1937

19. UNDERTAKER Geo Leinbach & Sons

(Address) 525 Lynhurst St. City

20. FILED APR 12 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1937 .19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importanre:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... .19 ...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) G. R. Callum M. D.

(Address) 2757 E. 12th St. Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34458

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34458

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S. Castle St. 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Barbara Szulcz

If U.S Veteran specify WAR .....

(a) Residence: No. 112 S. Castle Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Szulcz

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mateusz Kolodziej

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine Belczak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Mary Szymanowski (Daughter)

(Address) 112 S. Castle Street

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Rosary Cem Date April 15 1937

19. UNDERTAKER John M Welby

(Address) 401 S. Chester St

20. FILED Huntington Nolan, Registrar.

R 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2 1937 to April 9 1937

I last saw h alive on April 9 1937 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo Nephritis	?

Other contributory causes of importance:

Hypertension	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo F. Bulocka, M. D.

(Address) 1265 S. Patterson Pk. Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34459

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Rutland Ave St., 7-47 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 10 mos. — da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Enid E. Cameron

If U. S. Veteran specify WAR .....

(a) Residence: No. 922 Rutland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 7, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Melvin Cameron

14. BIRTHPLACE (city or town) (State or country) Roxboro North Carolina

MOTHER

15. MAIDEN NAME Emile Johnson

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Melvin Cameron

(Address) 922 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date April 13 1937

19. UNDERTAKER Robert F. Williams

(Address) 1515 Mc Culloh St

PR 12 1937 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to April 11, 1937

I last saw h[illegible] alive on April 11, 1937 Death is said to have occurred on the date stated above, at 11 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3/31/37
Other contributory causes of importance: Rubeola	3/24/37

Was an operation performed? No Date of —

For what disease or injury? — over

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury — , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis P. Luke M. D.

(Address) 1741 E. Eager St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 34460

F 34460 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St., 6-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Charles Richard Welling

(a) Residence: No. 116 Oak St., Oakland, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sara

6. DATE OF BIRTH (month, day, year) Sept 29, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 50	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME David Welling

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy Kemper

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Sara Welling

(Address) Oakland Md

18. BURIAL, CREMATION, OR REMOVAL

Oakland Md date 4-15-37

19. UNDERTAKER Kendall E. Humphreys

(Address) Oakland Md

20. FILED APR 13 1937 Huntington Thibault, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to April 13, 1937

I last saw him alive on April 8, 1937. Death is said to have occurred on the date stated above, at 2:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the head of the pancreas	2/1/37

Other contributory causes of importance:

Name of operation Cholecystgastrostomy Date of 3/22/37

What test confirmed diagnosis? Lab. & Clinical Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Alberman M. D.

(Address) Church Home & Infr

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34461

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Wheeler Ave St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry D. Hoberock

If U. S. Veteran specify WAR No Record

(a) Residence: No. 108 Wheeler Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or WIFE of) Rosemond M. Hoberock

6. DATE OF BIRTH (month, day, year) Aug 25th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Cassel Germany

FATHER

13. NAME Adam Hoberock

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Von Runckhausen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rosemond Hoberock

(Address) 108 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date April 13th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 13 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936 to April 11 1937

I last saw him alive on March 25 1937. Death is said to have occurred on the date stated above, at 1150 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty degeneration of Heart	1936
	April 11 1937
Other contributory causes of importance: Senility	2 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34462

93-c

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Caroline St. 79 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran (Spanish or other) specify WAR American

2. FULL NAME Francis A Casey

(a) Residence: No. 1500 Caroline St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Oct 9- 187

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Jos Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thos A Casey

14. BIRTHPLACE (city or town) (State or country) Edenbridge Scotland

MOTHER

15. MAIDEN NAME Julia Keightley

16. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

17. INFORMANT Julia J Phillips

(Address) Colmar Manor Md

18. BURIAL, CREMATION, OR REMOVAL

Place National Bl Date April 14 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 13 1937 By Lexington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 15, 1937 to APRIL 11, 1937

I last saw h.. alive on APRIL 11 1937 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	4/10/37

Other contributory causes of importance: Chronic Myocarditis I do not Know

Was an operation performed? No Date of XXXX

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? XX Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19..

Where did injury occur? X X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X X

Manner of injury X X X

Nature of injury X X X

24. Was disease or injury in any way related to occupation of deceased? XX If so, when? XXXX

(Signed) O. H. D. Wilkens M. D.

(Address) 928 E North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

William Donnelly

F 34463 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34463

CERTIFICATE OF DEATH 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 18-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Donnelly

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1240 W. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) April 17th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jobber

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME John Donnelly

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Martha Matin

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Joseph Donnell
(Address) 2015 Lafitte Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 13th 1937

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED April 13 1937 Thos. H. Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above, 1.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	One year

Other contributory causes of importance:

Uremic Con	Feb. 14th 37
Fracture of Left femur	Feb. 16th 1937

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? On the street
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell on ice

Nature of injury Fracture of left femur.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1039 Edmondson Ave.

APR 13 1937

INSTRUCTIONS—PRINT WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F34464

HEALTH DEPARTMENT—CITY OF BALTIMORE

F34464

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. 5-1

CITY OF BALTIMORE: (No. 436 N. Eden St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emile Thomas

(a) Residence: No. 436 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-8-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Belle Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Belle Smith

(Address) 936 N. Eden St

18. BURIAL, CREMATION OR REMOVAL

Place [redacted] Date 4/13/37 19

19. UNDERTAKER [redacted]

(Address) 616 N. Eden St

20. FILED 19

[redacted] Registrar.

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1937, to 4/11, 1937

I last saw him alive on 4/15, 1937. Death is said to have occurred on the date stated above, at 9.30 m. a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Raymond Young M. D.

(Address) 1500 E. Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34465 F 34465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 28-3 Ward) Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael A. Moran If U. S. Veteran specify WAR

(a) Residence: No. 2400 Pickwick Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Clarence J. Moran

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Ola Rowzee

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Clarence J. Moran
(Address) 2400 Pickwick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date April 13, 1937

19. UNDERTAKER Joseph Rook
(Address) 1003 W. Baltimore St.

20. FILED , 19 Registrar.

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest: find that said deceased came to his death on the day stated above at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar Pneumonia	April 6 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. H. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave.

Plaza 0126

F 34465 APPLICATIONS WITH ERASURES INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34466 # 22158 F 34466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Marshall

If U. S. Veteran specify WAR

(a) Residence: No. 1416 Carroll St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henriette

6. DATE OF BIRTH (month, day, year) 6-3-~~1880~~ 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	= 54	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jim Marshall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henriette

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 13, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder St.

20. FILED ... 19 ... Registrar.

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-25, 1937, to 4-10, 1937

I last saw him alive on 4-9, 1937. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days.
	25
	10

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... M. D.

(Address) Balto. City Hosp.

F 34466 — INSTRUCTIONS—PRINT CAREFULLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34467 F 34467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 Rutland Ave St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Llewellyn Pemberton

(a) Residence: No. 826 Rutland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 7, 1890.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46 47	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard.

10. Date deceased last worked at this occupation (month and year) April 8, 1937

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Kings Williams C.O. Virginia.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Robert Pemberton

(Address) 1104 Russel St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date April 13, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED APR 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937 to April 8, 1937

I last saw h[illegible] alive on April 8, 1937 Death is said to have occurred on the date stated above, at 10 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion.	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Francis E. Lantz M. D.

(Address) 1741 E. Eager St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34468

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 S Broadway 6-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernard Leon Saye

If U. S. Veteran specify WAR .....

(a) Residence: No. 30 S Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora E. Saye

6. DATE OF BIRTH (month, day, year) Aug 8 [illegible]

7. AGE: Years 2a | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Cairo, Ill.

FATHER

13. NAME Fred Saye

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Minnie Sims

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Nora E. Saye

(Address) 30 S Broadway St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 4. 1937

19. UNDERTAKER John F. Williams

(Address) [illegible]

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and (from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

(a) Chronic Cystitis

(b)

(c)

(d)

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34469

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3715 Old York Rd St., 9-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. Insane How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert Venables (Sr.)

If U. S. Veteran specify WAR .....

(a) Residence: No. 3715 Old York Rd St., 9 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Dougherty

6. DATE OF BIRTH (month, day, year) July 22 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
71	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Life Ins Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agent

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation about 30 40.

12. BIRTHPLACE (city or town) (State or country) Mardela Springs Wicomico Co Md

FATHER

13. NAME Richard Venables

14. BIRTHPLACE (city or town) (State or country) Quantico Wicomico Co Md

MOTHER

15. MAIDEN NAME Elizabeth Gordon

16. BIRTHPLACE (city or town) (State or country) Wicomico Co Md

17. INFORMANT Robert Venables Jr.

(Address) 3715 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 13 1937

19. UNDERTAKER Henry W. Jenkins Bros

(Address) McCulloh & Orchard Sts

20. FILED APR 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9- 1937 to 4-11 1937

I last saw him alive on 4 - 11 - 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/9/37
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Jno. B. Sybert M. D.

(Address) 2802 Hadford Ave

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34470

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Mt Royal Terrace St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Morris

If U.S. Veteran specify WAR .....

(a) Residence: No. 2224 Mt Royal Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Late Bessie E

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs E. Epstein

(Address) 2204 Mt Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date April 13 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED APR 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/12, 1933 to 4/12, 1937.

I last saw h[illegible] alive on 4/12, 1937. Death is said to have occurred on the date stated above, at 10.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/11/37
Coronary Artery Disease	1933
General Arteriosclerosis	1933

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Finter, M. D.

(Address) 2520 Eutaw Pl

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-36—A Co.—200 Blks.

34471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34471

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. 23

City of BALTIMORE: (No. 2031 McCulloh St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edgar Hamilton Braxton

(a) RESIDENCE NO. 2031 McCulloh St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise B. Braxton

6 DATE OF BIRTH (month, day, and year) July 7 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	61	9		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER J. S. Hamilton

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Carroll Co. Md.

12 MAIDEN NAME OF MOTHER Mary Hammond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Carroll Co. Md

14 Informant Louise B. Braxton

(Address) 2031 McCulloh St

15 Filed APR 9 1937 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9, 1937

17 I HEREBY CERTIFY, That I attended deceased from Sept 17, 1936 to Apr 9, 1937

that I last saw him alive on Apr 9, 1937

and that death occurred, on the date stated above, at 11.40 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Hypocardia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Phthisis

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination etc

(Signed) Edgar Braxton, M.

Apr. 19 37 (Address) 825 N. Fremont

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery Date of Burial Apr 13 1937

20 UNDERTAKER Mrs. George H. Kolb ADDRESS 163 W. Dru[illegible]

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUTION.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

F 34472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34472

#22585

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Chandler

If U. S. Veteran specify WAR

(a) Residence: No. 2208 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/17/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Paul Chandler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Erma Braxton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date April 13 1937

19. UNDERTAKER Mrs. George E. Holland
(Address) 1130 Druid Hill Ave.

20. FILED APR 13 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1937 to 4-12 1937

I last saw her alive on 4-12 1937 Death is said to have occurred on the date stated above, at 8 45 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, Primary	4-4-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R B Joey M. D.

(Address) Baltimore City Hospital

X. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34473

CERTIFICATE OF DEATH

✓ 192-a

Registered No. 11-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 Madison ave. St., Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Aurelia Minervia Eggans

(a) Residence: No. 1010 Madison ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Wid.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eggans

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0032

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Henry J. Brown

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Paulene Peters

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) J.P. Wilson 906 Fidelity Bldg.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date Apr. 13 1937

19. UNDERTAKER Mrs George H. Holland
(Address) 1 E. Dover St. Apt.

Date Received APR 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6th 37 to April 9th 37

I last saw her alive on April 9 37 Death is said to have occurred on the date stated above, at 4. a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset: April 6th 1937

Other contributory causes of importance:

Mitrial Ins. — ?

Was an operation performed? Non Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) Walter J. Jackson, M. D.

(Address) 1630 W. Franklin st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34474

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp 210-4

CITY OF BALTIMORE: (No. 1357 St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Belle Crowlands Mallone

(a) Residence: No. 406 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter H. Mallone

6. DATE OF BIRTH (month, day, year) Aug 18-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Thomas Crowlands

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mr. W. Mallone

(Address) 406 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date Apr 13 1937

19. UNDERTAKER D. D. Wagstaff

(Address) 3537 Gilmor St

APR 13 1937

Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Spleen	4-3-37
Other contributory causes of importance: Pulmonary Embolism	4-4-37

Was an operation performed? Yes Date of 4-4-37

For what disease or injury? Ruptured Spleen

Name of operation Splenectomy Date of 4-4-37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-3, 1937

Where did injury occur? 1400 Block Edmondson Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How was injury sustained? Struck by auto while on bike

Nature of injury Crushing injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard Lemley Gutt M. D.

Coroner

(Address) 220 N. Paca St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Blks

F 34475

F 34475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 51-B

1 PLACE OF DEATH Franklin Square Hosp. 27-17

CITY OF BALTIMORE: (No ... St ... WARD)

REGISTERED NO ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John P. King

(a) RESIDENCE NO. 3410 Arundale Ave ST. ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha King 1875

6 DATE OF BIRTH (month, day, and year) June 16 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	61	10	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Stockholm Sweden

PARENTS

10 NAME OF FATHER Gustav Andrew

11 BIRTHPLACE OF FATHER (city or town) (State or country) Sweden

12 MAIDEN NAME OF MOTHER Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Sweden

14 Informant Bertha King
(Address) 3410 Arundale ave

15 Filed ... 19 ... Registrar

B 137334 Huntington Pittsville, Md.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/10/37

17 I HEREBY CERTIFY, That I attended deceased from 4/3/1 , 1937, to 4/10/ , 1937

That I last saw h im alive on 4/10/37 .

and that death occurred, on the date stated above, at 11:25 A.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bladder c metastases.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY ...
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? ...

(Signed) Abraham al Levine M. D.

, 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL 4-13 1937

20 UNDERTAKER Frederick A. Ole — ADDRESS 1200 W Lombard St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 34476

F 34476 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH S.B.G.H. 243

CITY OF BALTIMORE: (No. 7 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Ernest Tolson

(a) Residence: No. North Linthicum Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anne Tolson

6. DATE OF BIRTH (month, day, year) March 29, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob Tolson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Donald Tolson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4-13 1937

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St.

19 Registrar.

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937 to April 11, 1937

I last saw him alive on April 11, 1937. Death is said to have occurred on the date stated above, at 11.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated left inguinal hernia	
Other contributory causes of importance: Pulmonary edema	

Was an operation performed? yes Date of April 4, 1937

For what disease or injury? Left incarcerated inguinal hernia

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Stecher M. D.

(Address) S.B.G.H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34477

F 34477 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daughton Ennis

If U. S. Veteran specify WAR

(a) Residence: No. Parkton Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 31, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Baltimore Co., Md.

FATHER

13. NAME Wm. Robt. Ennis

14. BIRTHPLACE (city or town) (State or country) Warren Balto. Co. Md

MOTHER

15. MAIDEN NAME Clara Daughton

16. BIRTHPLACE (city or town) (State or country) Warren Balto. Co., Md

17. INFORMANT Mrs W. A. Ennis

(Address) Parkton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Taylor, Cockeysville Date Apr. 15, 1937

19. UNDERTAKER Wm. E. Brooks & Son

(Address) Hydes, Md

20. FILED , 19 Registrar.

APR 13 1937

Arlington Withdrawn, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

I HEREBY CERTIFY, That I attended deceased from March 25, 1937 to April 13, 1937

I last saw him alive on April 13, 1937 Death is said to have occurred on the date stated above, at 12 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tuberculosis Tracheobronchialis	30 days
Possible Mediastinal Mass	3 mos

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil Schmidt, M. D.

(Address) University Hospital.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2055 3 F 34478

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 7-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1897 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Carter

If U. S. Veteran specify WAR

(a) Residence: No. 938 N. Bond St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 9-22-1861 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ~~75~~	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Emanuel.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 15 1937

19. UNDERTAKER Mrs. Robert Gellhot-Douglas
(Address) 1129 N. Gardiner St.

APR 13 1937 Health Officer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1937 to 4-11 1937

I last saw him alive on 4-11 1937 Death is said to have occurred on the date stated above, at 5 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	8 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John L. Raney, M. D.

(Address) 13

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34479

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 6-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delia Benton

If U. S. Veteran specify WAR

(a) Residence: No. 219 N. Rose St., Ward. A-20

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. F. Benton

6. DATE OF BIRTH (month, day, year) Oct 5, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year) April 5, 1937

11. Total time (years) spent in this occupation 40 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Larry Finnegan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Delia Finnegan

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/14 1937

19. UNDERTAKER Lilly & Zeile Co

(Address) 403 N. Gilmor St.

20. FILED ... 19... Registrar

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937, to April 9, 1937

I last saw h.e.r alive on April 6, 1937 Death is said to have occurred on the date stated above, at 8 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
c Decompensation	
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Raymond J. Tipan, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34480 — CERTIFICATE OF DEATH — **F 34480**

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Ann St., 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman Kirtchen

If U. S. Veteran specify WAR

(a) Residence: No. 720 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5- 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Kirtchen

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT George H. Kirtchen (Father)
(Address) 720 S. Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Apr. 15 19 37

19. UNDERTAKER Tilly & Silverman
(Address) 401 N. Wolfe St

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 . 1937

22. I HEREBY CERTIFY: That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by me (Inquest, Autopsy or Inquiry) feel that said deceased came to 9 30 A.M., on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright Coroner M. D.

(Address) 1015 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 12 1937

M. D. B 1768-9

F 34481 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34481

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Tarbutton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1937 North Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
*HUSBAND of (or) WIFE of Elijah B. Tarbutton

6. DATE OF BIRTH (month, day, year) June 7, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne County Md.

FATHER

13. NAME Thomas West

14. BIRTHPLACE (city or town) (State or country) Queen Anne County Md.

MOTHER

15. MAIDEN NAME Kate ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT (Address) Sadie B. Tarbutton 1937 North Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Date April 13 19 37

19. UNDERTAKER (Address) Wm. J. Tickner & Son North Ave.

Huntington Williams M.D.

FILED APR 13 1937 Registrar (N.Y.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above, 800 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis,	April 11 37

Other contributory causes of importance:

Arterial Sclerosis,

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. H. Childs M. D. Coroner

(Address) 1939 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34482

CERTIFICATE OF DEATH

✓ 108 F 34482

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Warwick Ave. St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Mary Tracey

If U. S. Veteran specify WAR

(a) Residence: No. 1728 Warwick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~Widowed~~, or Divorced
~~HUSBAND of~~ (or) WIFE of Lawrence Tracey

6. DATE OF BIRTH (month, day, year) Dec. 27, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Bernard McSorley

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Mary ~~McSorley~~ Harmon

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Mrs. Mary McSorley
(Address) 1728 Warwick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Apr. 15, 1937

19. UNDERTAKER Wm. J. Tribner & Son
(Address) North & Pa Ave.

FILED APR 13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1937 to Apr. 12, 1937

I last saw h[illegible] alive on Apr 11, 1937 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) [illegible]	
(b) Lobar Pneumonia	7 3 37
(c)	
(d)	
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W North ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34483

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 W. Hayette St. 4-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marcus L. White Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 740 W. Hayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie L. White.

6. DATE OF BIRTH (month, day, year) Oct. 3, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Groomsman 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elkridge Hunt Club

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Marcus L. White Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dona Dolores.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Sadie L. White.

(Address) 740 W. Hayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Apr. 13 1937

19. UNDERTAKER Wm. Rieckel Sons

(Address) North & Pa. Aves.

20. FILED Huntington Williams, M.D.

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to April 10th, 1937

I last saw him alive on April 10, 1937 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Glassman, M. D.

(Address) 753 W. Hayette St

F 34484

HEALTH DEPARTMENT—CITY OF BALTIMORE

Transcript

F 34484

CERTIFICATE OF DEATH

24

24-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James K. Butler Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1510 Riverside Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1935.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James K. Butler Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mira Veira

16. BIRTHPLACE (city or town) (State or country) Brooklyn New York

17. INFORMANT Mr. James K. Butler Sr.
(Address) 1510 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemt. Date 4-14- 1937

19. UNDERTAKER George W. Quibley
(Address) 1737 E. Eager St.

20. FILED
Registrar
APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from APRIL 7, 1937. to APRIL 12, 1937.

I last saw h[illegible] alive on APRIL 12, 1937. Death is said to have occurred on the date stated above, at 11:0 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TUBERCULOUS MENINGITIS	FEB ?

Other contributory causes of importance:

MALNUTRITION	FEB
SECONDARY ANEMIA	FEB

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? CLIN + LAB Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) W. D. Stolnick M. D.

(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 34485

22501

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 27-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Perry

If U. S. Veteran specify WAR

(a) Residence: No. 4636 Kernwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-14-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spice Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCormick & Co.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew Perry

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Whitten

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Apr. 13. 1937

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry Sander
(Address) Baltimore & Broadway.

APR 13 1937 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-7 1937 to 4-11 1937

I last saw him alive on 4-11 1937 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	13 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M.D.

(Address) Baltimore City Hospitals

F 34486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131 F 34486

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Elsinor Av St. 15-L Ward)

Length of residence in city or town where death occurred 27 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth 62 yrs. 7 mos. 9 ds.

2. FULL NAME William George Lees

If U. S. Veteran specify WAR NONE.

(a) Residence: No. 2007 Elsinor Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Elizabeth Lees

6. DATE OF BIRTH (month, day, year) June-18-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Millington Maryland

FATHER

13. NAME James M. Lees

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Emily V. Longfellow

16. BIRTHPLACE (city or town) (State or country) Millington Md

17. INFORMANT Mrs Annie L. Lees (wife)

(Address) 2007 Elsinor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Smyrna Del. Date Apr 14 1937

19. UNDERTAKER Stewart Mortuary Co.

(Address) 108 W. Mosher Ave.

Apr 13 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 12/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/36 . 19 . to Apr 12/37 . 19

I last saw h alive on Apr 11 . 1937 . Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	about Jan 1/36
Interstitial Nephritis &	?
secondary anemia —	1937
Other contributory causes of importance:	about
Arterio-sclerosis -	1928

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? Laboratory + Physical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Walter Dubbs M. D.

(Address) 2220 Garrison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34487

CERTIFICATE OF DEATH

F 34487

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 Reservoir St. 13-7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nellie Adams Morgan

(a) Residence: No. 708 Reservoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Zachariah T. Morgan

6. DATE OF BIRTH (month, day, year) March 24 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68		23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mechanicsville St. Mary's Co. Md.

FATHER

13. NAME Henry Clay Adams

14. BIRTHPLACE (city or town) (State or country) St. Mary Co.

MOTHER

15. MAIDEN NAME Alice C. Brannen

16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Zachariah T. Morgan
(Address) 708 Reservoir St

18. BURIAL, CREMATION, OR REMOVAL Mechanicsville
Place A. M. Faith Cem. Date April 14. 1937

19. UNDERTAKER Chas. S. Black
(Address) 742 W. North ave.

APR 13 1937

Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937 to April 13, 1937

I last saw her alive on April 12, 1937 Death is said to have occurred on the date stated above, at 3 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 4

Other contributory causes of importance:

Bronchial Asthma	Chronic
Chronic Bronchiectasis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H. Norwood, M. D.

(Address) Church Home & Infirmary

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34488 — CERTIFICATE OF DEATH — 49-of F 34488

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 1515 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Amelia Dell Fishack

(a) Residence: No. 2311 Elsinor Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 31 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March 1936

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Fishack

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Amanda Fowler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Charles A Gladding Jr

(Address) 2311 Elsinor ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cmetry Date April 14 1937

19. UNDERTAKER Chas. G. Black

(Address) 742 W Fayette ave

20. FILED

APR 13 1937

Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1 1936 to April 12 1937.

I last saw her alive on April 12 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma of Ovaries	7/36
generalized metastases to peritoneal surfaces	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Myers, M. D.

(Address) Church Home & Inf'y.

F 34489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34489

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 944 Bennett Pl St., 18 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Jones

If U. S. Veteran specify WAR

(a) Residence: No. 944 Bennett Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Jones

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mamie Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lucy Jones
(Address) 944 Bennett pl

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date April 13th 1937

19. UNDERTAKER Clay C Wilson
(Address) 1001 Brantley Ave

20. FILED 1937
Registrar

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9 1937 to April 11 1937

I last saw h[illegible] alive on April 11 1937. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Other contributory causes of importance:	
Uremia	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D H Carroll, M. D.

(Address) 109 W Lee St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34490

✓ F 34490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 E. Eager — St., 7-th Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mollie Lyddotte

(a) Residence: No. 1602 E. Eager St — St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Welford.

6. DATE OF BIRTH (month, day, year) Aug 25 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	54	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fauquier Co Va.

FATHER

13. NAME Arthur Wheatley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine Wheatley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Nellie Haley
(Address) 1602 E. Eager St —

18. BURIAL, CREMATION, OR REMOVAL
Place Warrenton Va Date April 13 1937

19. UNDERTAKER Wm. Robt. A. Elliott - daughter,
(Address) 1129 Carolina St,

APR 13 1937 — — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11 — , 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-15 — , 1937, to 4-11 — , 1937

I last saw her alive on 4-10 , 1937. Death is said to have occurred on the date stated above, at 11,30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	[illegible]
	[illegible]

Other contributory causes of importance:

Hypertention	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Jno. H. Gargius, M. D.

(Address) 611-N. Carolina

E 34491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34491

94-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Barrington Rd (Street) 6-10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 35 yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Abram Cramer

If U. S. Veteran specify WAR .....

(a) Residence: No. 4107 Barrington Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper,** etc. Dentist

9. Industry or business in which work was done, as **silk mill, saw mill, bank,** etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Brother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship 4/13 1937

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1933 to April 12 1937

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 6P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
coronary thrombosis	Sudden

Other contributory causes of importance:

angina pectoris	6yr.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Abram Cramer M. D.

(Address) 1810 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AP

F 34492

HEALTH DEPARTMENT—CITY OF BALTIMORE 34492

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 W. Hennetta St., 23-1 Ward)

Length of residence in city or town where death occurred, ...yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Annie Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 113 W. Hennetta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	1 2	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jordan Johns

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Charles Gross

(Address) 113 W. Hennetta St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/13/37 19..

19. UNDERTAKER Isaiah L. Brown & Son

(Address) 108 W Montgomery St

20. FILED Huntington Wm. Wilkerson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1937 to Apr 11 1937.

I last saw h..... alive on Apr 11 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Uraemia	4-11-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. H. Carroll M. D.

(Address) 109 W Hill St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 13 1937

LE 34493

HEALTH DEPARTMENT—CITY OF BALTIMORE

LE 34493

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2501 Barclay St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A. Carey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2501 Barclay St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	99	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick Carey

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Alice Dunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Edward Schoolfield

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 14th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8 1937 to April 11 1937

I last saw h... alive on June 8 1937. Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Sudden
Other contributory causes of importance:	
Otor Pneumonia	3 day

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 13 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

No. 34494

No. 34494

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Whatcoat St., 16-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marshall White

If U. S. Veteran specify WAR

(a) Residence: No. 1011 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bernice White

6. DATE OF BIRTH (month, day, year): Dec. 31-1914

7. AGE: Years 22 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Dan White

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Carrie Wallace

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Carrie White

(Address): 1011 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL

Place: Annapolis, Md Date: 7/15/37

19. UNDERTAKER: Thomas E. Nelson

(Address): 1303 Pressman St

20. FILED 19 Registrar

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28th, 1937 to Sept. 12th, 1937

I last saw him alive on Sept. 12th, 1937 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Bell M. D.

(Address) 713 N. Gilmor St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Heighington

F 34495

F 34495 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 927 Stricker St., 16-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ida C. Heighington

If U. S. Veteran specify WAR .....

(a) Residence: No. 927 Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Heighington

6. DATE OF BIRTH (month, day, year) Aug. 1, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

FATHER

13. NAME Wm. Heighington

14. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

MOTHER

15. MAIDEN NAME Louisa Carter

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

17. INFORMANT Mrs. Heighington

(Address) 927 Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/1 1937

19. UNDERTAKER E. J. Thomas

(Address) 1303 Pennsylvania Ave.

20. FILED ..... 19 ..... Registrar

APR 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cirrhosis	

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hamilton Moses, M. D. Coroner

(Address) 1303 Pennsylvania Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34496

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34496

182a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis A Woodland

If U. S. Veteran specify WAR .....

(a) Residence: No. 2124 Penna Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 3-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME John Woodland

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Margaret Barnes

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mrs Margaret Woodland
(Address) 2124 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/13 37 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1613 Eutaw Pl

20. FILED ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inq thereon and from the evidence obtained by said Inq find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	4/10/37

Other contributory causes of importance:
(Suffocation)

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/10, 1937

Where did injury occur? Home 2124 Penna Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was suffocated in bed

Nature of injury Pulmonary edema following

24. Was disease or injury in any way related to occupation of deceased?
(If so, specify) .....

(Signed) Louis L. Allen M. D.
Coroner

(Address) 50 Cunningham Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARYLAND RESERVES FOR BINDING

APR 13 1937 Lexington Millimeter, Md.

F 34497

F 34497

M. B. B. 1266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 W. Saratoga St St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur D. Gans

(a) Residence: No. 735 W. Sartoga St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marilla J. Gans

6. DATE OF BIRTH (month, day, year) Sept 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) Apr 5 1937

11. Total time (years) spent in this occupation 64 yrs

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Daniel Gans

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Schwartz

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Arthur D. Gans

(Address) 668 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 14 1937

19. UNDERTAKER Mr. & Mrs. John W. Grafel & Son

(Address) 601 W. Fayette St

20. FILED APR 13 1937 19 Hampton Nurses Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. K. Gradwohl M. D. Coroner

(Address) 2757 E. Lan.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34498

CERTIFICATE OF DEATH

F 34498

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1533 Montpelier St., 9-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret K. Bisker

(a) Residence: No. 1533 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. J. Bisker

6. DATE OF BIRTH (month, day, year) May 3, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) C

11. Total time (years) spent in this occupation C

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Keane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hallihan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. John A. J. Bisker

(Address) 1533 Montpelier St.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cemy Date April 15, 1937

19. UNDERTAKER Edgar W. Conklin

(Address) 929 Reager St.

Lexington Funeral Home

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1936, to 4/12, 1937

I last saw h... alive on 4/11, 1937 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/12/37
Arteriosclerotic cardiovascular renal disease	?
Other contributory causes of importance: Residual Cerebral accident	1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? EC. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Benn M. D.

(Address) 1066 E. Preston St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34499

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Wilmer Court St., 2 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James [illegible] Bradley

If U. S. Veteran specify WAR .....

(a) Residence: No. 922 Wilmer Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	S.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Age put 50+			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date APR 13 1937

Commissioner of Health

19. UNDERTAKER Per N. A. Moore

(Address)

20. FILED APR 13 1937 Huntington Williams, M.D.

3459

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above, at 1 30 p.m.

The principal cause of death and related causes of importance were as follows:

Valvular heart lesion

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. Hamilton Coroner, M. D.

(Address) 215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34500

F 34500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Madison Ave St., 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Esther Johnson

(a) Residence No. 918 Madison Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT "No Records"

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL APR 13 1937 19

19. UNDERTAKER Commissioner of Health

(Address)

Pvt H. A. Young

Huntington Virginia, W. Va.

APR 13 1937

3138

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. Found dead

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otha Wagoner M. D. Coroner

(Address) 1215 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34501

CERTIFICATE OF DEATH

F 34501

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Woodyear St., 16 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Bowler

(a) Residence: No. 1122 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Bowler

6. DATE OF BIRTH (month, day, year) April 5 1904

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... mn.
	33	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Pa

FATHER

13. NAME Reuben Bowler

14. BIRTHPLACE (city or town) (State or country) Hanover Pa

MOTHER

15. MAIDEN NAME Clacy Mason

16. BIRTHPLACE (city or town) (State or country) Hanover Pa

17. INFORMANT Mrs Margaret Bowler
(Address) 1122 Woodyear

18. BURIAL, CREMATION, OR REMOVAL
Place Hanover Co. Va. Date 4/14 1937

19. UNDERTAKER Chas H Orrell
(Address) 314 N. Calhoun St. Huntington West Va.

20. FILED APR 12 1937 Registrar.

V 5 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral [illegible]	4/10/37

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) George L. Allen M. D.
Coroner

(Address) 87 E. Lexington St.

N. B.—WRITE PLAINLY, with ... ink. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain ... Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34502

F 34502 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Docker Court St., 3-2 Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth 16 yrs. mos. ds.

2. FULL NAME Pasquale Decesaro. Docker

U. S. Veteran specify WAR .....

(a) Residence: No. 810 Docker Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 25 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scanno Italy

FATHER

13. NAME Filippo Decesaro

14. BIRTHPLACE (city or town) (State or country) Scanno Italy

MOTHER

15. MAIDEN NAME Liboria Bilardo

16. BIRTHPLACE (city or town) (State or country) Scanno Italy

17. INFORMANT NUNZIATA Langione (Sister)

(Address) 515 Albemarle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. 4/14/37

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Motby St

APR 13 1937

Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis.

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Wright, M. D.

(Address) 1010 S. Ellwood Ave Coroner

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34503

F 34503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Gustav Ludloff Ludloff

(a) Residence: No. 2722 Northern Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie

6. DATE OF BIRTH (month, day, year) March 28 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. storeroom

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Hos.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Conrad

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth (?)

16. BIRTHPLACE (city or town) (State or country) Unknown United States

17. INFORMANT Elmer Witte. (Step Son)

(Address) 2722 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 14th 1937

19. UNDERTAKER Le Roy L. Hedges

(Address) 6209 Harford Rd

[illegible] Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ongoing (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ongoing (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Belnord Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 13 1937

V S 6

Carey

F 34504

F 34504 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Johnson St. 17 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Carey

(a) Residence: No. 522 Johnson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 001

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Elizabeth Harney
(Address) 522 Johnson St.

18. BURIAL, CREMATION, OR REMOVAL Date 4/14/37 1937
Place Mt Calvary.

19. UNDERTAKER Adolphus Halstead
(Address) 918 Druid Hill Ave

20. FILED APR 13 1937 Thos. J. Pennington Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1937 to Apr. 10 1937

I last saw h[im] alive on Apr. 10 1937. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset Jan. 4 1937

Other contributory causes of importance: Duodenal Perforation

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. Gabriel Johnson M. D.

(Address) 1534 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34505 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34505

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St. 25-1 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Daniel Gover

If U. S. Veteran specify WAR .....

(a) Residence: No. Hill St, Ellicott City, St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Gover

6. DATE OF BIRTH (month, day, year) Oct. 31, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saloon

10. Date deceased last worked at this occupation (month and year) 3/37

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME Augustus Gover

14. BIRTHPLACE (city or town) (State or country) maryland

MOTHER

15. MAIDEN NAME Sarah R Harvey

16. BIRTHPLACE (city or town) (State or country) maryland

17. INFORMANT Laura Gover

(Address) Ellicott City md.

18. BURIAL, CREMATION, OR REMOVAL

Place Elkridge, Md Date Apr 15 1937

19. UNDERTAKER H. C. Higinbotham

(Address) Ellicott City Md

20. FILED APR 15 1937 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-8-1937 to 4-13-1937

I last saw him alive on 4-13-1937 Death is said to have occurred on the date stated above, at 2.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-5-37
Cardio Vascular Collapse	4-10-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David D. Llewelyn M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 34506 HEALTH DEPARTMENT—CITY OF BALTIMORE 95B F 34506

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Maryland General Hospital

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Grace B. Jenkins.

(a) Residence: No. 2952 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (nr) WIFE of Laurence E. Jenkins

6. DATE OF BIRTH (month, day, year) Aug. 25th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Martin

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emma Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Laurence E. Jenkins
(Address) 2952 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 4/14 1937

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

APR 19 1937 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/37 19

22. I HEREBY CERTIFY, That I attended deceased from 4/12/37 19 to 4/12/37 19

I last saw her alive on 4/12/37 19 Death is said to have occurred on the date stated above, at 6.52 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis	
Arterio-sclerotic gangrene both legs.	4/1/37
Other contributory causes of importance: Hypostatic Congestion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen Hospl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31. 250B

F 34507

F 34507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 9-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 Gutman Ave. St., (Ward)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 26 ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME George W. Disney

(a) Residence: No. 638 Gutman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cunie Disney

6. DATE OF BIRTH (month, day, year) June 16 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Andrew J. Disney

14. BIRTHPLACE (city or town) Baltimor (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Reynolds

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Mary Disney (Sister)

(Address) 638 Gutman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 14 1937

19. UNDERTAKER John T. Denny

(Address) 915 Light St.

19a. Filed APR 13 1937, 19 [illegible] Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/1/37, 19, to 4/11/37, 19

I last saw him alive on 4/10/37, 19 death is said to have occurred on the date stated above, at 1:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance: Cerebral Apoplexy	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) 321 E 25

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34508

CERTIFICATE OF DEATH

108

F 34508

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Piedmont Ave St., 15-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None

2. FULL NAME James Dominick Walsh

(a) Residence: No. 3410 Piedmont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6. 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Mar. 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catharine Dunn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Helen Walsh

(Address) 3410 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 1937

19. UNDERTAKER The Frederick Sons

(Address)

Huntington Williams, M.D.

Registrar.

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2 1937 to Apr. 13 1937

I last saw h.. alive on Apr. 12 1937 Death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/4/37
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34509

CERTIFICATE OF DEATH

F 34509

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 Ellamont Street St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Louise Hooton

If U. S. Veteran specify WAR

(a) Residence: No. 2213 Ellamont Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Henry Hooton

6. DATE OF BIRTH (month, day, year) October 15, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wheeling (State or country) W. Va.

FATHER

13. NAME Wm. D. Sawtelle

14. BIRTHPLACE (city or town) Short Creek (State or country) W. Va.

MOTHER

15. MAIDEN NAME Morgan

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Charles Henry Hooton (Address) 2213 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date April 14 19 37

19. UNDERTAKER Wm. J. Tucker & Son (Address) Mott & Paca

20. FILED APR 13 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 19 37

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to April 11, 1937

I last saw h[illegible] alive on April 11 19 11:45 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Other contributory causes of importance:	
Senility	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Grant L. Mortimer M. D.

(Address) 2801 St Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34519 32/68²

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 34510

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Horne

(a) Residence: No. Lake Trem S.C. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 6/22/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S C.

FATHER

13. NAME Kemper Horne

14. BIRTHPLACE (city or town) (State or country) S. C

MOTHER

15. MAIDEN NAME Nettie Pace

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT (Address) Records Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Pope Grove S.C. Date April 10, 1937

19. UNDERTAKER (Address) John G Mitchell & Son 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar. Huntington Nitkowski

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937 to April 13, 1937

I last saw her alive on April 13, 1937 Death is said to have occurred on the date stated above, at 11:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor malegnant	
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 13, 37

For what disease or injury? Brain tumor

Name of operation Right Craniotomy

What test confirmed diagnosis? operative Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. ALL ITEMS should be answered. If information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 13 1937

M. D. B. 1268-9

F 34511 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34511

95-13

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2336 N. Calvert St. 12-4 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Harrington Morrow

(a) Residence: No. 2336 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas G. Morrow

6. DATE OF BIRTH (month, day, year) September 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Harrington

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Flaherty

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. Agnes M. Swank
(Address) 2336 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 14 1937

19. UNDERTAKER Wm. H. Loos
(Address) 1003 W. Baltimore St.

Filed APR 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1936 to 4-12 1937

I last saw her alive on 4-12 1937 Death is said to have occurred on the date stated above, at 3.15 Pm

The principal cause of death and related causes of importance were as follows:

ARTERIOSCLEROTIC HEART DISEASE — Date of onset ?

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Storey M. D.

(Address) 1129 St. Paul St.

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

F 34512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34512

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1729 W Lombard St. 19-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Peter James, Daughter of

(a) Residence: No. 1729 W Lombard St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada M.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Do not Know

14. BIRTHPLACE (city or town) (State or country) " " "

FATHER

15. MAIDEN NAME Do not Know

16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMANT Mrs. Ada M. Daughtery
(Address) 1729 W Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/14/ 1937

19. UNDERTAKER D. J. Fahey & Son
(Address) 1318 Light St.

20. FILED APR 13 1937 Huntington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1937, to April 11, 1937

I last saw him alive on April 11, 1937 death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	~~March~~ March 25 37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Scagnetti, M. D.

(Address) 1729 W. Lombard St.

F 34512 — WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34513

F 34513 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4319 Springwood Ave St. 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia V. Hoskins

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4314 Springwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward B. Hoskins

6. DATE OF BIRTH (month, day, year) Sept. 2, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norristown Pa.

FATHER

13. NAME J. Dt. Henning

14. BIRTHPLACE (city or town) (State or country) Norristown Pa.

MOTHER

15. MAIDEN NAME Mary C. Smith

16. BIRTHPLACE (city or town) (State or country) Norristown Pa.

17. INFORMANT Edward B. Hoskins
(Address) 4314 Springwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Norristown Pa
Riverside Cemetery Date April 15 1937

19. UNDERTAKER William Cook
(Address) 1411 St Paul Street

20. FILED ... 19... Registrar ...

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cerebral Hemorrhage	

Was an operation performed? No Date of

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1914 E. North Ave.

S. B.—WRITE PLAINLY, WITH LEAD PENCIL—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34514

CERTIFICATE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 N Loudon St., 19-3 Ward)

Length of residence in city or town where death occurred 5 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

If U. S. Vet. specify WAR ___ No Record

2. FULL NAME Rosella Sutter

(a) Residence: No. 318 N Loudon St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George A Sutter

6. DATE OF BIRTH (month, day, year) March 20- 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	75	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John A Seitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emily A Klopp

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Elizabeth A Clary 318 N Loudon St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet April 16 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 19 ___ Registrar

APR 14 1937 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-13-37

Other contributory causes of importance: Acute Bronchitis two weeks

Was an operation performed? no Date of ___

For what disease or injury? ___

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

no If so, specify ___

(Signed) Wm H Phillips, M. D.
Coroner

(Address) 1937 E Lanvale St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34515

CERTIFICATE OF DEATH

✓46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 N Wolfe St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E Jaeger

If U. S. Vet., specify War or Record

(a) Residence: No. 1842 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Frank Jaeger

6. DATE OF BIRTH (month, day, year): Dec 12 1865

7. AGE — Years: 71 | Months: 4 | Days: 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER

13. NAME: S. Jaeger

14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER

15. MAIDEN NAME: Levina Young

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Mabel Baker
(Address) 1842 N. Wolfe

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore April 16 37

19. UNDERTAKER: Wellington Cook
(Address) 127 St Paul St

20. FILED ..... 19..... Registrar.

APR 14 1937 Living to Baltimore, MD 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to April 13 1937

I last saw h alive on 19. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	1937
Other contributory causes of importance: Cystitis Nephritis	1936

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John T Avery M. D.

(Address) 1603 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34516

CERTIFICATE OF DEATH

93-e

26-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Eastern Ave. St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CAROLINE PIERPOINT

(a) Residence: No. 3210 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas B. Pierpoint

6. DATE OF BIRTH (month, day, year) Feb. 25, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ferdinand Neidemyer

14. BIRTHPLACE (city or town) (State or country) Ge many

MOTHER

15. MAIDEN NAME Dorothea Eggers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gerland Bowen

(Address) 430 N. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date April 14 19 37

19. UNDERTAKER John Ulrich

(Address) 2008 Eastern Ave

20. FILED APR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29 1937 to April 11 1937

I last saw her alive on April 11 1937 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Gradual

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? observation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Horace B. Tilton M. D.

(Address) 315 S. Highland Ave

F 34516

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Kumlehn

E 34517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34517

CERTIFICATE OF DEATH

✓ 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (Ward) 6-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME William C. Kumlahn (Kumlehn) (22450)

(a) Residence: No. 2725 E. Jefferson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) Feb. 23, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry (D)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhemina (D)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem., Date April 14-37

19. UNDERTAKER C. Miller & Son

(Address) 1334 Jefferson St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to April 12, 1937

I last saw him alive on April 12, 1937 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1933
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jerome L. Bouton, M. D.

(Address) Baltimore City Hospitals

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34518

CERTIFICATE OF DEATH

F 34518

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Key Worth ave St., 15-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Sachs.

If U.S. Veteran specify WAR

(a) Residence: No. 2512 Key Worth ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa.

6. DATE OF BIRTH (month, day, year): 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shoe Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Phillip Sachs.

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Hannah ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Sachs.
(Address) 2512 Key Worth ave

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Cemetery Date April 15 1937

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to April 13, 1937

I last saw h/M alive on April 12 1937. Death is said to have occurred on the date stated above, at 12 25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Interstitial Nephritis	6/1/31
Uremia	4/10/37
Other contributory causes of importance:	
Prostatic Enlargement	6/1/31
Urinary Obstruction	6/1/31

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 1206 E. Preston St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 14 1937

16

34519

HEALTH DEPARTMENT—CITY OF BALTIMORE

34519

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Callow ave St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Roberts

If U.S. Veteran specify WAR .....

(a) Residence: No. 2105 Callow ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Emanuel Roberts

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Yetta Marx

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Nettie Roberts

(Address) 2105 Callow ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fraternity Cem Date April 15 1937

19. UNDERTAKER Sol Kirnon Bros

(Address) 1127 E Baltimore St

20. FILED APR 14 1937 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1937, to April 13th, 1937

I last saw h[illegible] alive on April 12th, 1937. Death is said to have occurred on the date stated above, at 6.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cardio-Vascular-Renal Disease	1930
Other contributory causes of importance:	
Pulmonary Edema	2 days

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Michael A Abrams, M. D.

(Address) 2360 Eutaw place

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34520 HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1937 F 34520

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George P. Freiss

If U. S. Veteran specify WAR

(a) Residence: No. 1317 West Fayette St., Ward. Reading, Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of name unknown

6. DATE OF BIRTH (month, day, year) Aug 26 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Philip Freiss

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary Hoverty

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Philip Freiss

(Address) 226 Walnut St Reading Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 4/14/37

19. UNDERTAKER Joseph A Fowler

(Address) Fenton & Lafayette Sts Lexington Williamsport Pa

20. FILED APR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, that I took charge of the remains described above, and that I last saw deceased on April 2 1937, and from the evidence (Inquest, Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound	April 1-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Homicide Date of injury 4/1-37

Where did injury occur? Baltimore, Rooming House (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Rooming house

Manner of injury Shot. Gun Shot abdomen

Nature of injury Caused Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos F Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

PHYSICIANS should write plainly with indelible pencil or pen and ink. All items must be answered. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 34521

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34521

CERTIFICATE OF DEATH X ✓ 108

1. PLACE OF DEATH St Joseph's Hospital

CITY OF BALTIMORE: (No. Caroline & Oliver Sts 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward R. Clayton

If U.S. Veteran specify WAR .....

(a) Residence: No. Hydes, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Clayton

6. DATE OF BIRTH (month, day, year) February 12, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Arthur Clayton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillie Dilworth

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mr. Arthur Clayton Near Fork Md.

18. BURIAL, CREMATION, OR REMOVAL Place Fork M. E. Cem. Date April 16, 19 37

19. UNDERTAKER (Address) C. E. Arthur Fork Md.

20. FILED ..... 19 ..... Huntington Williams, MD

APR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1937 to 4-13, 1937

I last saw him alive on 4-13, 1937. Death is said to have occurred on the date stated above, at 3:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, Rt	
Other contributory causes of importance:	
Emphysema	

Was an operation performed? Yes Date of 4-10-37

For what disease or injury? Emphysema

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Austrow, M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

34522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34522

CERTIFICATE OF DEATH

93-C

26-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Dillon St, St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Gunther.

If U.S Veteran specify WAR ....

(a) Residence: No. 3704 Dillon St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles C. Gunther Sr.

6. DATE OF BIRTH (month, day, year) May 12th. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

FATHER

13. NAME John Andrews.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdelena Suter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles C. Gunther Sr.

(Address) 3704 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt, Carmal Cemetery Date April, 16th 37

19. UNDERTAKER Geo. M. Fink & Son

(Address) 811 N. Wolfe St.

20. FILED 19 Clifton Williams Reg

APR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 1 - 1936 to Apr - 2 - 1937

I last saw her alive on Apr - 2 - 1937. Death is said to have occurred on the date stated above, at 6/30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1932

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert Stockman M. D.

(Address) 3507 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B F 34523

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2339 Linden Ave 3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Sarah Lipsitz

If U. S. Veteran specify WAR

(a) Residence: No. 2339 Linden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sidney

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rae

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Date 4/14/37 19

19. UNDERTAKER Jos. Louis Inc.
(Address) 1439 E. Balto St.

FILED APR 14 1937 Huntington Williams 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 27 , 19 37 , to April 13 , 19 37

I last saw h[illegible] alive on April 6 , 19 37 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/13/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Physical Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Meyer Sherry M. D.

(Address) Medical Arts Bldg.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34524 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34524

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Crossmore If U. S. Veteran specify WAR

(a) Residence: No. 46 S. Fulton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrillo

6. DATE OF BIRTH (month, day, year) Oct 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	71	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Downey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Kiely

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Rendale (Address) 1718 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/16/37 19

19. UNDERTAKER Thos J. Kemp (Address) 16.00 Holliday St.

20. FILED 19 Registrar.

APR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio sclerosis	

Other contributory causes of importance: Mesenteric embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. K. Wright, M. D.

(Address) 1010 S. Ellwood Ave.

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 137 √ F 34525

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas T. Winfield

If U. S. Veteran specify WAR .....

(a) Residence: No. Rolling Fork, Va. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Whirl

6. DATE OF BIRTH (month, day, year) April 24, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Georges Co. (State or country) Virginia

FATHER

13. NAME Beck Winfield

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) Westmoreland Co. (State or country) Va.

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL, Westmoreland Co. Va. 4-16-37.

19. UNDERTAKER Randall C. Humphreys. (Address) 1520 N. Broadway.

20. FILED [illegible] (Registrar's signature)

Via = Motor Hearse =

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937 to April 14, 1937

I last saw h.im alive on April 14, 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	Unknown
Arteriosclerosis, general	"
Hypertrophy of prostate	2 yrs.

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-1-37

For what disease or injury? Hypertrophy of prostate

Name of operation Cystoscopy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. M. Anderson, M. D.

(Address) U.S. Marine Hospital, Balto.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34526 F 34526

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5013 Roland Ave St. 27-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent De Pasquale

(a) Residence: No. 5013 Roland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naples Italy

FATHER

13. NAME Do Not Know
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Do Not Know
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Fassino
(Address) 722 Gladstone Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/15 1937

19. UNDERTAKER J. J. Fahey & Sons
(Address) 23, 25 Light St

20. APPLICATION RECEIVED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1936 to April 9th, 1937
I last saw h[illegible] alive on April 9th, 1937 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2
Hypertension	
Arteriosclerosis	2
Chronic Interstitial nephritis	?

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. J. Tantillo M. D.
(Address) 119 N. Milton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 34527

34527 CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 212 N. Carey St., 19-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Thomas

If U.S. Veteran specify WAR

(a) Residence: No. 212 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widowed

a. If married, widowed, or divorced (or) WIFE of: Wife Thomas

6. DATE OF BIRTH (month, day, year): 1887

7. AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as lumber sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John H. Cooper
14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: Emma Denby
16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Harvey Cropp
(Address) 212 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 4/14/37

19. UNDERTAKER: Mitchell & Gailey
(Address) 1421 Jefferson St

APR 14 1937

Huntington Avenue, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1937 to April 10, 1937

Last saw him alive on April 10, 1937. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
	1

Other contributory causes of importance:

Phthisis

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) G. B. Hughes M.D.
(Address) 413 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 34528

F 34528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. W. Muller Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. Reisterstown Balto. Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 27, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) N. J.
(State or country)

FATHER

13. NAME Geo. W. Muller

14. BIRTHPLACE (city or town) N. Y.
(State or country)

MOTHER

15. MAIDEN NAME Margurete Roach

16. BIRTHPLACE (city or town) .....
(State or country) Md.

17. INFORMANT Margaret Muller
(Address) Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 17. 1937

19. UNDERTAKER J. H. Elgin & Son
(Address) Reisterstown, Md.
Huntington Pittsburgh, Pa.

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4, 13, 37

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 4, 13, 37

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) 2757 North Ave. M. D.
Coroner
(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. C.

APR 14 1937

F 34529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34529

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick Jordan

If U. S. Veteran specify WAR .....

(a) Residence: No. 916 Fells St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none (Formerly seaman)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL: 4/21/37

PLACE: UNIVERSITY MEDICAL SCHOOL APR 14 1937 19

19. UNDERTAKER: Registrar of Vital Statistics

(Address): For W. A. Moore

20. FILED: Huntington Williams, M.D.

PR 14 1937

5162 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull & left scapula	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury April 5, 1937

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place rooming house - Fell or jumped out of window

Manner of injury While intoxicated - fell from window

Nature of injury alcoholism

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. M. Wright Coroner, M. D.

(Address) 1010 E. Oliver Street

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

DUPLICATE

34-J-82-P

Registered No. 22316

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Chapman

If U. S. Veteran specify WAR

(a) Residence: No. 1412 Riggs Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year) 3/17/1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Welford, S. C.

FATHER

13. NAME John Ferguson

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Magele ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4-14-1937

19. UNDERTAKER Chas. Alexander

(Address) 1336 Penna. Ave.

20. Filed APR 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/31/37, 19 to 4/12/37, 19

I last saw h[illegible] alive on 4/12/37, 19 Death is said to have occurred on the date stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	unk.
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or Injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John F Ramey M. D.

(Address) Balto. City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34531 — CERTIFICATE OF DEATH. — **F 34531**

182a

1-PLACE OF DEATH

City of BALTIMORE: (No.) ~~Union Memorial Hospital~~ 2202 Barclay St. Ward 11

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John E. Huston

(a) RESIDENCE NO. 2202 Barclay St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 14-37

7 AGE — Years — Months: 3 — Days: 29 — IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: 0000

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John E. Huston

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Agnes Hardenbrook

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant John E. Huston (Address) 2202 Barclay St.

19 [illegible] Registrar

APR 14 1937

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 13 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation (See Remarks)

Died 4-13-37

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary)

(duration) .....yrs. .....mos. .....ds.

(Signed) Otto Rodenbeck M. D. (Coroner)

, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: April 15 37

UNDERTAKER: Wm. H. Valentine — ADDRESS: 2326 Aiken

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34532 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34532

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hosp St., (Ward) 9-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernadette Morris

If U. S. Veteran specify WAR

(a) Residence: No. 631 E. 35th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 22, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Bernard Morris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Keil

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother

(Address) 631 E. 35 St.

18. BURIAL, CREMATION, OR REMOVAL

Lakewood Date April 14, 1937

19. UNDERTAKER Chesnutt & Son

(Address) 3615-17 Chestnut Ave

20. [illegible] [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-1937

22. I HEREBY CERTIFY, That I attended deceased from March 26 1937 to April 13 1937

I last saw h[illegible] alive on 4-13 1937 Death is said to have occurred on the date stated above, at 7.22 p.m.

The principal cause of death and related causes of importance were as follows:

Measles — Date of onset 3-25-37

Other contributory causes of importance:

Diarrhea — 4-11-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Sydenham Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 14731 [illegible]

F 34533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34533

CERTIFICATE OF DEATH

108

22584

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lovey Robinson

(a) Residence: No. 1335 Stockton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-14-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	44	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Gene Robinson

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Sarah Richardson

16. BIRTHPLACE (city or town) (State or country) Ga. Ga.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/17/37 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St.

Filed APR 14 1937 19 Huntington Hoffman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1937 to 4-13, 1937

I last saw h.l.m alive on 4-13, 1937 Death is said to have occurred on the date stated above, at 1150 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Lobar Pneumonia	6 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ranney M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34534

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 Wheeler Ave | 15 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Emmanuel Rull

If U. S. Veteran specify WAR .....

(a) Residence: No. 2037 W. Wheeler Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah E. Rull

6. DATE OF BIRTH (month, day, year): Aug. 3, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer 0030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R.R.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Beckleysville Md.

FATHER

13. NAME: Wm Rull

14. BIRTHPLACE (city or town) (State or country): Balto Co Md.

MOTHER

15. MAIDEN NAME: Lucinda Young

16. BIRTHPLACE (city or town) (State or country): Mahlton Md

17. INFORMANT: Mrs Sarah E. Rull

(Address) 2037 Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Apr. 16 1937

19. UNDERTAKER: Wm Fickinger Sons

(Address) North & Paca Sts.

20. FILED: Huntington Williams, M.D.

R 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934 to April 14, 1937

I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 5.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/8/37
Other contributory causes of importance: Hemiplegia (Apoplexy) Cerebral Hemorrhage	Aug 10, 1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34535

134

Registered No. 803

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence C. Willard (Clarence Calvin Willard) If U. S. Veteran specify WAR

(a) Residence: No. 2419 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena L. Willard

6. DATE OF BIRTH (month, day, year) May 2, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burt Machine Co.

10. Date deceased last worked at this occupation (month and year) February '37

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Horace H. Willard

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Sallie W. Webb

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Lena L. Willard
(Address) 2419 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 16, 1937

19. UNDERTAKER Wm. H. Pickerell & Co.
(Address) Huntington Ave.

20. FILED Huntington Williams Clerk
APR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to April 13, 1937

I last saw h.. alive on April 13, 1937 Death is said to have occurred on the date stated above, at 10 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4/6/37
Other contributory causes of importance: Prostatic hypertrophy	1935 ca

Was an operation performed? Yes Date of April 9 1937

For what disease or injury? Purulent nephritis & Urinosis

Name of operation Nephrostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George D. Telfer, M. D.
(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34536

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34536

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5203 Springlake Ward 27-11)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guy Trevelyn Warfield

If U. S. Veteran specify WAR None

(a) Residence: No. 5203 Springlake St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma P. Warfield

6. DATE OF BIRTH (month, day, year) Apr 9-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parkersville W Va

FATHER

13. NAME Emmit Warfield

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Elizabeth Owings

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Guy T Warfield

(Address) 5203 Springlake

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 16 1937

19. UNDERTAKER J. Fraser Lewis

(Address) North Avenue

20. FILED 19 Registrar

APR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/1937

22. I HEREBY CERTIFY, That I attended deceased from 14 May 1936 to April 14 1937

I last saw h[illegible] alive on April 13 1936 Death is said to have occurred on the date stated above, at 11.12a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism etc.	
Other contributory causes of importance: Chronic myocarditis multiple emboli.	

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify -

(Signed) A. Corbett Triggett M. D.

(Address) 712 Park Ave. Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 34537

F 34537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 W. 28 St 12-7 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Wynder

If U. S. Veteran specify WAR

(a) Residence No. 322 W. 28 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie Wynder

6. DATE OF BIRTH (month, day, year) Feb 4 1880

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	57	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asbs. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Wynder

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Matthews

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lettie Wynder
(Address) 322 W. 28 St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date April 14 1937

19. UNDERTAKER Archibald R. Gaddis
(Address) 2010 McCulloh St

Arlington Williams, M.D.

APR 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to April 13, 1937

I last saw h... alive on April 13, 1937 Death is said to have occurred on the date stated above, at 6.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Sudden

Other contributory causes of importance:

Labor Pneumonia	Indefinite

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Patrick J. Ph. M. D.

(Address) 1120 W. 36 St

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34538

CERTIFICATE OF DEATH

21479 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-1 Ward)

Length of residence in city or town where death occurred 11 Co. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Kiefner

If U. S. Veteran specify WAR

(a) Residence: No. 1415 Eastern Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 6-9-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Kiefner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regine Gleinhard

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place County Cem Date April 6 1937

19. UNDERTAKER John C. Miller
(Address) 2433-35 E. Monument St

20. FILED 19
Registrar.

R 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1937 to 4-13 1937

I last saw him alive on 4-13 1937 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	3-4 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34539

34539 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S. Patterson Park Ave (Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Lowenstein

If U. S. Veteran specify WAR No Record

(a) Residence: No. 226 S. Patterson Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Albert

6. DATE OF BIRTH (month, day, year) Feb. 15-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Weis

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Emma Crane

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Albert Lowenstein

(Address) 226 S. Patterson Park.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md Date 4-16-37

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

19 . . Registrar

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1937 to 4/14, 1937

I last saw her alive on 4/14, 1937 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Renal disease	1927
Cardiac failure	4/12/37
Other contributory causes of importance: Hemiplegia	1927

Was an operation performed? — Date of

For what disease or injury?

Name of operation P.E. What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jason S. Blum M. D.

(Address) 1208 S. Preston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34540 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34540

CERTIFICATE OF DEATH

34-8-95-B #22147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 19-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard French

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1306 Highland St. Hollins St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Marie

6. DATE OF BIRTH (month, day, year) 11/17/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Alexander F.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Catherine McCubbin

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Taharoya Date 4-17 19 37

19. UNDERTAKER Wilhom Goode (Address) 1217 E. Fayette

20. FILED APR 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1937, to 4-14, 1937

I last saw h[illegible] alive on 4-14, 1937 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal Disease	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenny M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34541

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Lakeside Ave 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Barr Lonier

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1709 Lakeside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~Widowed or divorced~~ ~~HUSBAND~~ of (or) WIFE of Verona A. Lonier

6. DATE OF BIRTH (month, day, year) Feb 18th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Charles Berring

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Anna Mullen

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Rev Verona A. Lonier

(Address) 1709 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 16th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 ~~Registrar~~ ~~Deputy Registrar~~

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/1/35, 19 to 4/13/37, 19

I last saw h-e alive on 4/13/37, 19 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 hrs
Other contributory causes of importance:	
Hypertension	2 yrs
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. H. Hermann M. D.

(Address) 1710 E. 33rd St.

Information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34542

CERTIFICATE OF DEATH

√100

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1255 E. North Ave (Ward) 4

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Teresa Bailey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1255 E. North Ave (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard H.

6. DATE OF BIRTH (month, day, year): Feb. 12 1871

7. AGE: Years 66 | Months 5 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: Henry Clay Fowler

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Jane Ely

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Claud Bailey

(Address) 111 W Ostend St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: 4/17 1937

19. UNDERTAKER: Wm Cooke

(Address) 1217 St Paul St

20. FILED 19

Registrar

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937 to April 14, 1937

I last saw him alive on April 3, 1937 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	
Hypertension	
Other contributory causes of importance:	
Phlebitis	
Cerebral Embolism	Final

Was an operation performed? Yes Date of April 7 '37

For what disease or injury? Arteriosclerosis

Name of operation Incision & draining Phlebitis

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Cary M. D.

(Address) 622 W. Lexington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34543

HEALTH DEPARTMENT—CITY OF BALTIMORE

34543

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5100 Walther Ave) (St.) (Ward) 27-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E Pfeiffer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5100 Walther Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Belle

6. DATE OF BIRTH (month, day, year) Apr 30 - 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Archibald A Pfeiffer

(Address) 5100 Walther Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/17/37

19. UNDERTAKER Williams Cook

(Address) 1212 St Paul St

20. FILED [illegible] Registrar.

APR 19 1937

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to 4/14/37

I last saw h. alive on 4/12/37 Death is said to have occurred on the date stated above, at 5:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Taylor Foley M. D.

(Address) 5703 Harford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34544

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34544

93-c

CERTIFICATE OF DEATH

13-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Malden Ave St. ..... Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida V. Walter

(a) Residence: No. 3601 Malden Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 10, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Charles Walter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Crum.

16. BIRTHPLACE (city ~~or town~~) (State or country) md.

17. INFORMANT Edward Walter.
(Address) 3601 Malden Ave.

18. BURIAL, CREMATION, OR REMOVAL
St. Marys Hampden Date April 15, 1937

19. UNDERTAKER Edmondson.
(Address) 3615-17 Christian Ave.

20. FILED ..... 19..... Registrar

APR 15 1937 Washington Hillsboro, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1937. to April 12, 1937

I last saw her alive on April 11, 1937. Death is said to have occurred on the date stated above, at 7.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/4/37
Pulmonary Edema	

Other contributory causes of importance:

Arteriosclerosis

Senile Dementia Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Frank R. Martin M. D.

(Address) 4037 Falls Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34545

CERTIFICATE OF DEATH

X √ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland gen Hospital (Ward) 1-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Bennett Hopkins

If U. S. Veteran specify WAR

(a) Residence: No. Darlington Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Mary Stoltzfus

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County Road

10. Date deceased last worked at this occupation (month and year) Mar 1937

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (~~city~~ or town) Darlington (State or country) Md

FATHER

13. NAME Coulson Stoltzfus

14. BIRTHPLACE (city or town) Darlington (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Day

16. BIRTHPLACE (city or town) Darlington (State or country) Md

17. INFORMANT Mary Stoltzfus (Address) Darlington, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Darlington Cem. Date April 17, 1937

19. UNDERTAKER H. S. Bailey (Address) Darlington, Md.

20. FILED APR 15 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1937, to 4/15, 1937

I last saw him alive on 4/15, 1937. Death is said to have occurred on the date stated above, at 3.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis C-V Disease	1927

Other contributory causes of importance: Nephrosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34546

CERTIFICATE OF DEATH

34-C-92-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) ..... St. 10 ½ Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estelle Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 820 Ashland ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5-21-94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Days Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Wm Thos Bowles

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Delia Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date April 15 37

19. UNDERTAKER Jno. Geo. H. Holland

(Address) 1431 Druid Hill Ave

20. FILED R 15 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to April 12, 1937

I last saw her alive on April 12, 1937 Death is said to have occurred on the date stated above, at 5³⁰ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis with Syphilitic Aortitis	1930
2nd Aortic Insufficiency	1936

Other contributory causes of importance:

Rheumatic Heart Disease	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Jones H. Hurland M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34547

F 34547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 argyle ave St. 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Carter sr.

(a) Residence: No. 1616 argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~) Louisa Carter

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~do~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's co Md

FATHER

13. NAME Jas. Carter

14. BIRTHPLACE (city or town) (State or country) St Mary's co Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Jas Samuel Carter Jr.
(Address) 1616 argyle ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Carbuters Warrick Date 4/14/37 19

19. UNDERTAKER Mrs. George A. Collar
(Address) 1616 Argyle Ave

20. FILED [illegible] Registrar.

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from NV. 24, 1936 to April 12, 1937

I last saw h... alive on April 12, 1937. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edw. J. McAleer M. D.

(Address) 1230 Druid Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34548

34548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22189-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Schweiger

(a) Residence: No. 207 N. Streeper St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Schweiger

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Trouth

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 16 1937

19. UNDERTAKER Jos. J. Kerr & Son

(Address) 15 & N. Luzerne Ave.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-26 1937 to 4-13 1937

I last saw him alive on 4-13 1937 Death is said to have occurred on the date stated above, at 2:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia (Primary)	48 hrs.
Other contributory causes of importance: Senile Dementia	Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos F. Kenny M.D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1937

21691

F 34549

F 34549 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Christian Brumm

If U. S. Veteran specify WAR

(a) Residence: No. 3346 E. Baltimore St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda (Deceased)

6. DATE OF BIRTH (month, day, year) 10-8-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John (Dead)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Brammer (Dead)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 10 '37

19. UNDERTAKER Wm. L. Hepa & Son

(Address) 156 E. Lanvale

20. FILED ... 19 ... Registrar.

APR 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1937 to 4-13, 1937

I last saw h. / m alive on 4-13, 1937. Death is said to have occurred on the date stated above, at 2[illegible] PM

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia Primary	3-8-37
Other contributory causes of importance: Arteriosclerotic Heart Disease Chronic	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Kenney M.D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34550

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitel St. 5-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Wright

If U. S. Veteran specify WAR .....

(a) Residence: No. 408 Caroline St. St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-9-1852 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84?	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Wye

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sara Duffy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7/16/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 518 W. Biddle St

20. FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1930 to 4-13 1937

I last saw h. alive on 4-13 1937 Death is said to have occurred on the date stated above, at 3 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 days
Other contributory causes of importance: Arteriosclerotic Heart Dis.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno L. Ramsey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 15 1937

F 34551

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34551

CERTIFICATE OF DEATH

161-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 4-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Stewart

If U. S. Veteran specify WAR

(a) Residence: No. 202 Colgate Ave St., Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of NONE

6. DATE OF BIRTH (month, day, year) APRIL 5 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME John Randolph Stewart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Georgia Seng

16. BIRTHPLACE (city or town) (State or country) Fort Frederick Md

17. INFORMANT John R. Stewart
(Address) 202 Colgate Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date April 15 37

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. FILED Huntington Williamsport, MD
APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 15, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937. to April 14, 1937

I last saw her alive on April 14, 1937. Death is said to have occurred on the date stated above, at 11 37 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	4-6-37
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis P Stephenson M. D.

(Address) St. Josephs Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34532

F 34552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 673 W. Mulberry St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Ward

If U. S. Veteran specify WAR .....

(a) Residence: No. 673 W. Mulberry St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Ward

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Gladys Hall

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Gladys Ward

(Address) 673 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 16, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Linwood St

Eugene Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 14, 1938

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) T. H. Slocum M. D.

(Address) 2737 W. North Telephone: .....

APR 15 1938

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 34553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34553

1917 E Nort

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Seagel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2913 Ulman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Frances

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME David Seagel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frances Seagel

(Address) 2913 Ulman Ave

18. BURIAL, CREMATION, OR REMOVAL Rochelle Park N J Date 4/16/27 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1424 E Balto St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 14 , 1927

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the existence (Inquest, Autopsy or Inquiry)

obtained by said Autopsy find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker , M. D.
Coroner

(Address) 1914 E. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OR 15137

F 34554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34554

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Broadway St., 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Rosenthal

If U. S. Veteran specify WAR .....

(a) Residence: No. 23 N. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ANNA

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. JUNK DEALER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RETIRED

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME ABRAHAM

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME BESSIE

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT WIFE

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ROSEDALE Date 4/15/37

19. UNDERTAKER Jos. Levenberg

(Address) 1432 E. Baltimore

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/37. 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 1936, to April 14, 1937

I last saw h[illegible] alive on [illegible] 19 .. Death is said to have occurred on the date stated above, 8 00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Renal Disease	?

Other contributory causes of importance:

Uremia	April 11, 1937

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Swooman M. D.

(Address) 2340 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 15 1937

F 34555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34555

Herbert

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Granby St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert Learn

If U. S. Veteran specify WAR .....

(a) Residence: No. 2904 Granby Ave., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Isaac

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ray

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Southern Ave Date 4/16/37

19. UNDERTAKER Jas. F. Levy Inc. 1439 E. Baltimore St.

(Address)

20. FILED ..... 19.....

Registrar.

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/37, 19

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937 to April 14, 1937

I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	2 wks
Other contributory causes of importance: Acute Dilatation Heart	12 hrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) W. J. Baughman M. D.

(Address) 2401 Eutaw

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34556

CERTIFICATE OF DEATH

93-cF 34556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 S. Eutaw St. 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Noetzli

If U. S. Veteran specify WAR

(a) Residence: No. 118 S. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony G. Noetzli

6. DATE OF BIRTH (month, day, year) 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Henry Frederick Jacobs

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Anna Rass

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Miss Gertrude Jacobs (Address) 118 S. Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 4/16/37

19. UNDERTAKER Geo. Leimbach (Address) 525 Lyndhurst St.

20. FILED APR 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/37

22. I HEREBY CERTIFY That I attended deceased from Feb. 1- 37 to Apl. 14 37

I last saw her alive on Apl 14 37. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	several years.

Other contributory causes of importance:

Old Age.	
Exhaustion.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herbert C. Blake M. D.

(Address) Med. Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 34557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B F 34557

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3/12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Clara Delaney

(a) Residence: No. 1914 W Fayette St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frank

6. DATE OF BIRTH (month, day, year) Aug 16 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Dennis McCambridge

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John R Delaney

(Address) 1914 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 16 1937

19. UNDERTAKER J Vernon Keehner

(Address) 2301 Edmondson Ave

20. FILED Huntington Williams, M.D.

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1937, to 4/12, 1937

I last saw h[illegible] alive on 4/12, 1937. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic CV disease	
Cerebral Hemorrhage	
Spastic hemiplegia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34558

CERTIFICATE OF DEATH

23 F 34558

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 183 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley Tribulski (7833)

If U. S. Veteran specify WAR .....

(a) Residence: No. 873 N. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cmelia

6. DATE OF BIRTH (month, day, year) May 8, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Barbara Krivicsky

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date April 16, 1937

19. UNDERTAKER Wm. Greblunaskas
(Address) 1423 S. Paca St.

APR 15 1937 Washington Nottingham

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935 to April 13, 1937

I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 8:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug. 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Leon H. Feldman, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34559

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34559

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 W. Lafayette ave St. 16 Ward) 5462

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 72 yrs. mos. ds.

2. FULL NAME Mathew Unitas or Unites

If U. S. Veteran specify WAR

(a) Residence: No. 2531 W. Lafayette ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Unitas

6. DATE OF BIRTH (month, day, year): — 1871

7. AGE: Years 66 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Joseph Unitas

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Eva Dimokute

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Anna Zidulis

(Address) 2537 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: April 17, 37

19. UNDERTAKER: P. Law Greblunas

(Address) 923 S. Paca St

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1937, to Apr. 14, 1937

I last saw h[illegible] alive on Apr 13, 1937 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis - Arteriosclerosis — Date of onset

Other contributory causes of importance:

Jaundice - Probable Hepatic Neoplasm.

Was an operation performed? No. Date of

For what disease or injury? No.

Name of operation No. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Walter Spurrier M.D. M. D.

(Address) 3603 Edmondson

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34560

HEALTH DEPARTMENT—CITY OF BALTIMORE

22612

CERTIFICATE OF DEATH

82-w F 34560

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Vonaiff

If U. S. Veteran specify WAR .....

(a) Residence: No. 3245 Chestnut Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry.

6. DATE OF BIRTH (month, day, year) 9/11/1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME George Roberts

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Sarah LaGar

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Date 4/16, 1937

19. UNDERTAKER Wilson Cook (Address) 1219 E Fort Ave

20. FILED [illegible] Registrar

APR 15 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1937 to 4-13, 1937

I last saw h.e.r alive on 4-13, 1937. Death is said to have occurred on the date stated above, at 2 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 das
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John T. Kenney M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34561 F 34561

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4115 Belvieu Ave. St. 15-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Murray

If U. S. Veteran specify WAR

(a) Residence: No. 4115 Belvieu Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelia Murray

6. DATE OF BIRTH (month, day, year) August 5, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME David R. Murray

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna E. Whittig

16. BIRTHPLACE (city or town) (State or country) York.

17. INFORMANT Miss V. L. Murray

(Address) 4115 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 17, 1937

19. UNDERTAKER Wm. F. McNeal & Son

(Address) Mount Pleasant Ave.

20. FILED APR 15 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936 to Apr 13 1937

I last saw him alive on Apr 13 1937. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac asthenia	1 yr
Other contributory causes of importance: Acute attacks of rheumatism	1 yr
dyspepsia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Cornell M. D.

(Address) 3902 Groveland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8

F 34562

HEALTH DEPARTMENT—CITY OF BALTIMORE

22321

CERTIFICATE OF DEATH

F 34562

95-B

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Maryland St. [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Georgianna Stewart

(a) Residence: No. 850 W. Barre Street St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Stewart

6. DATE OF BIRTH (month, day, year) 6-3-81

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	10	9 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Young

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date April 5 1937

19. UNDERTAKER Joseph A. Shorb & Son

(Address) 1498 Gilmor Street

20. FILED APR 5 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-6- 1937 to 4-11- 1937

I last saw her alive on 4-11-37 Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	1931
Other contributory causes of importance: Organic psychosis	3-1-37

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Raymond M. D.

(Address) Baltimore City Hospital

(OCCUPATION is very important. See instructions on back of certificate.)

R APR 5 1937

M. D. B. 1268-9

F 34563 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34563

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Huron St., 2 5 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johnson Corbin

(a) Residence: No. 2510 Huron St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth Corbin

6. DATE OF BIRTH (month, day, year): 1858

7. AGE: Years: 79 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md. Dorchester

FATHER

13. NAME: Dorchester

14. BIRTHPLACE (city or town) (State or country): Dorchester

MOTHER

15. MAIDEN NAME: Dorchester

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Elizabeth Corbin

(Address) 2510 Huron St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Auburn Date: April 15th, 1937

19. UNDERTAKER: Joseph A. Lively

(Address) 1618 Mount Street

APR 15 1937

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/12/37

22. I HEREBY CERTIFY, That I attended deceased from 4-2-1937 to 4-12-37

I last saw h... alive on 4-5-37. Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/9/37

Other contributory causes of importance:

Arteriosclerosis	1 Yr.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, how? ...

(Signed) Shepherd Dorsey M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

F 34564

F 34564 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Hutchins Ave St. 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T. Carroll

If U. S. Veteran specify WAR .....

(a) Residence: No. 418 Hutchins Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria

6. DATE OF BIRTH (month, day, year) January 4 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	5 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener 70 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Carroll

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Maria Fulsom

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Fulsom

(Address) 418 Hutchins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Green Date April 16 1937

19. UNDERTAKER Mrs Robert A Ellis & daughter

(Address) 1129 N Gaylord St

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13 1937

22. I HEREBY CERTIFY, That I attended deceased from April 11 1937 to April 13 1937

I last saw him alive on 4/11 1937. Death is said to have occurred on the date stated above, at 6.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo H Norkum M. D.

(Address) 5535 York Rd

OCCUPATION is very important. See instructions on back of certificate.

F 34565 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34565

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 Linden Ave St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 70 yrs. 0 mos. 0 ds.

2. FULL NAME Josephine Ann Livingston

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1938 Linden Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward P. Livingston

6. DATE OF BIRTH (month, day, year) July 25 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Quebec Canada

FATHER

13. NAME John A. Panet

14. BIRTHPLACE (city or town) (State or country) Quebec Canada

MOTHER

15. MAIDEN NAME Marceline Edmunds

16. BIRTHPLACE (city or town) (State or country) Quebec Canada

17. INFORMANT Mrs Thos W. Brown (daughter)

(Address) 1938 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Apr 16 1937

19. UNDERTAKER Stewart & Comite

(Address) 108 W Mosher Ave.

20. FILED APR 15 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1936 to April 14th 1937.

I last saw her alive on April 14th 1937. Death is said to have occurred on the date stated above, at 6.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/13/37
Generalized Arteriosclerosis	Many years.
Senility	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Lannister P. Flexner M.D.

(Address) 1938 Linden Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 34566 ✓ F 34566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23-2183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 8 Port Covington St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. [illegible] How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME William R. Shenton.

(a) Residence: No. 28 E. Henrietta St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, WIFE (or HUSBAND) of Josephine Shenton

6. DATE OF BIRTH (month, day, year) November 21,1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME William Shenton.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Effie Dunock.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Josephine Shenton.(wife)
(Address) 28 E. Henrietta St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Ap 17 1937

19. UNDERTAKER Frank Della Rose
(Address) 524 Morley St.

[illegible] Arlington Williams, Jr.
(Signature of Undertaker)

APR 15 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13,1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held autopsy & inquest and from the evidence (Inquest, Autopsy or Inquiry)
learned by autopsy & inquest. that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

Accidental Drowning.
Fall from Pier 8 Port Covington

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/13/37

Where did injury occur? Port Covington, Balto.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fall into water

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

4/15/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34567

CERTIFICATE OF DEATH

22156 51-15 F 34567

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 25-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archer Coates

If U. S. Veteran specify WAR

(a) Residence: No. 3823 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Kate Coates

6. DATE OF BIRTH (month, day, year) 12-25-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Archer Coates

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary C Date 4/17/37

19. UNDERTAKER Isaiah L Brown & Son
(Address) 1211 Montgomery St

PM 15 1937

Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1937 to 4-13, 1937

I last saw him alive on 4-13, 1937 Death is said to have occurred on the date stated above, at 6¼ P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	?

Other contributory causes of importance:

Uremia	2 mos.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Hoover M. D.

(Address) Balt. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34568 F 34568

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 Peach St. 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilbert Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 915 Peach St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Milton Johnson

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Ellen Williams

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Elizabeth Lewis
(Address) 837 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 4/15/37 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

APR 15 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 37, to 4/12, 1937.

I last saw h... alive on 4/4/37, 19... Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema (Chr.)	7/2/37
Other contributory causes of importance:	

Was an operation performed? ns Date of ~

For what disease or injury? ~

Name of operation .....

What test confirmed diagnosis? ~ Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) L L Lemmell M. D.

(Address) 109 W Hill St

OCCUPATION is very important. See instructions on back of certificate.

F 34569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34569

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME mrs minnie E Gatch Minnie E. Gatch

If U.S. Veteran specify WAR .....

(a) Residence: No. 2610 allendale Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 28. 1862

7. AGE: Years 75 | Months 1 | Days 16 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired 0068 Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Charles Gatch

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Martha Setler

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mary V. Nicholson 1710 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Apr. 17 1937

19. UNDERTAKER (Address): John O. Mitchell & Sons 1900 Eutaw Place

20. FILED 19

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-14-37 . 19

22. I HEREBY CERTIFY. That I attended deceased from March 24 . 1937 to 4-14-37 . 19

I last saw h er alive on 4-14-37 . 19 . Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Transverse Colon	?

Other contributory causes of importance: Chronic myocarditis

Was an operation performed? yes Date of 4-7-37

For what disease or injury? Carcinoma Colon Resection Transverse Colon

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton Senn M. D.

(Address) W-B-91

OCCUPATION is very important. See instructions on back of certificate.

34570 F 34570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 938 N. Castle St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Albertyna Trnka

If U.S. Veteran specify WAR .....

(a) Residence: No. 938 N. Castle St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanley Trnka

6. DATE OF BIRTH (month, day, year) April 8. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME John Jozefek

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Mardi - ?

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Adolph Holub

(Address) 938 N. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date April 17 37

19. UNDERTAKER Albert W. Berezay

(Address) 440 E North Ave

151537 Huntington Williams, MD

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. —, 1935 to April 13, 1937

I last saw her alive on April 13, 1937 Death is said to have occurred on the date stated above, at 9:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Diabetes Mellitus	?
Chronic Nephritis — hypertension	?
Auriculo-ventricular block	1935

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Blood chemistry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. McL. Currie M. D.

(Address) 5720 Harford Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 34571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34571

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 Barclay St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Taylor

If U.S. Veteran specify WAR

(a) Residence: No. 2420 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Velma Taylor

6. DATE OF BIRTH (month, day, year) Aug. 9.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ford Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: State of Md.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country) Salisbury, Md

FATHER

13. NAME Lloyd Taylor

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Laura Gillis

16. BIRTHPLACE (city or town) (State or country) Salisbury, Md

17. INFORMANT (Address) Velma Taylor (wife) 2420 Barclay St

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date 4/16/37

19. UNDERTAKER (Address) H. W. Peregoy 440 E. Monument Ave.

APR 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to April 13, 1937

I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Apr. 9, 1937

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of -----

For what disease or injury?

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Henry-Strong M.D.

(Address) 401 East 25th Street

OCCUPATION is very important. See instructions on back of certificate.

325776 10

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34572 m

CERTIFICATE OF DEATH

F 34572

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edw Cox

If U. S. Veteran specify WAR

(a) Residence: No. Hampstead St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widower -

6. DATE OF BIRTH (month, day, year) 7-24-63

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Hampstead Md

FATHER

13. NAME deceased

14. BIRTHPLACE (city or town) (State or country) -

MOTHER

15. MAIDEN NAME deceased

16. BIRTHPLACE (city or town) (State or country) -

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Littlestown Pa Date April 1937

19. UNDERTAKER John M Little & Son

(Address) Littlestown Pa

APR 15 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1937 to Apr 15, 1937

I last saw him alive on Apr 15, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, bronchogenic (?)	1937 ?
= NO Tuberculosis =	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) B Hollis Hunt M. D.

(Address) 626 N Washington St. Balt. Md

4316

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 34573

F 34573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S. Carey St., 14-3 Ward)

Length of residence in city or town where death occurred 45 minutes yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby boy Brown

(a) Residence: No. 112 S. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Premature

6. DATE OF BIRTH (month, day, year) 4/15/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Evelyn Kessler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother
(Address) 112 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 4/15/1937

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Fulton St.

20. FILED 4/15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/37

22. I HEREBY CERTIFY, That I attended deceased from 4/15/37 to 4/15/37

I saw him on 4/15/37 Death is said to have occurred on the date stated above, at 3:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cong. Atelectasis	
Other contributory causes of importance: Postm. Separation Placenta (Maternal)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hugh B. McCall M. D.

(Address) Resident - Mercy.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

34574 F 34574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) 12-5 Ward

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... moe. ..... ds.

2. FULL NAME Sampson Eubanks (22437)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1438 Belvidere St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susanna

6. DATE OF BIRTH (month, day, year) Feb. 11, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Isaac Eubanks

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Caroline ??

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL APR. 14 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per W. A. Moore

20. FILED ..... 19 ..... Registrar.

APR 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to April 7, 1937

I last saw him alive on April 7, 1937 Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan. 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jerome H. Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 9

F 34575

34575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 34a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-7 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CARL HARPER

If U. S. Veteran specify WAR .....

(a) Residence: No. 6901 Holabird Ave St., ... Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 14-1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Raymond Harper

14. BIRTHPLACE (city or town) (State or country) Lemont Penna

MOTHER

15. MAIDEN NAME Evelyn Casfner

16. BIRTHPLACE (city or town) (State or country) West Milton Ohio

17. INFORMANT Raymond Harper (Father)
(Address) 6901 Holabird Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Cem Date April 16 1937

19. UNDERTAKER Lilly & Zeiler INC.
(Address) 403 N. Wolfe St.

20. FILED APR 19 1937 [illegible] Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 27 1937 to APRIL 14, 1937

I last saw h[illegible] alive on APRIL 14, 1937 Death is said to have occurred on the date stated above, at 7.00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CONGENITAL SYPHILIS	BIRTH
MALNUTRITION	3-27-37
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? CLIN. + LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

✓ F 34576

F 34576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1730 E Lafayette St. (E-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Mulcrone

If U.S. Veteran specify WAR ...

(a) Residence: No. 1730 E. Lafayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Michael Mulcrone

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Jennie McSweeney

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Julia B. Magruder

(Address) 1H E Read St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters bem Date April 16 37

19. UNDERTAKER Martin W. E. Dippel

(Address) 37 S. Amity St.

R 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr-13th 1937

22. I HEREBY CERTIFY, That I attended deceased from April-1st 1937 to April 13th 1937

I last saw h.. alive on April 13 1937. Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	4
Angina Pectoris	1 13 37

Other contributory causes of importance: Senile Colitis

outdoor occupation (Laborer)

Was an operation performed? ..... Day of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos. H. Magruder M. D.

(Address) 1H. E Read St

Vernon 2689

OCCUPATION is very important. See instructions on back of certificate.

F 34577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Gorsuch St., 9-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Burgan

If U.S. Veteran specify WAR .....

(a) Residence: No. 1621 Gorsuch St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine P. Burgan

6. DATE OF BIRTH (month, day, year) Jan 25 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mattress filler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Burgan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Agnes Henry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine P Burgan

(Address) 1621 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 4-17 1937

19. UNDERTAKER Leonard Bloch

(Address) 1305 Hanford Rd

20. FILED ..... 19 .....

R 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/5/36 . 19 . to 4/14/37 . 19 .....

I last saw him alive on 4/8/37 . 19 . Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	✓
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Wolpaker M. D.

(Address) 321 E 33

F 34578

34578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 Yale Ave. St. 20-E Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James L. Smallwood

(a) Residence: No. 321 Yale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Effie G. Smallwood (nee Le

6. DATE OF BIRTH (month, day, year) July 11, 1877.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce dealer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) North Carolina

FATHER

13. NAME George L. Smallwood

14. BIRTHPLACE (city or town) .....
(State or country) .....

MOTHER

15. MAIDEN NAME Minnie Groves

16. BIRTHPLACE (city or town) .....
(State or country) .....

17. INFORMANT Mrs. Effie G. Smallwood
(Address) 321 Yale Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 15, 19

19. UNDERTAKER Harry A. Mutzfeld
(Address) 1401 Edmondson Ave.

20. FILED APR 15 1937 19 Registrar Washington Williams, Jr.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14-1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to April 14th 1937
I last saw h.. alive on 4/14/37, 19..... Death is said to have occurred on the date stated above, at 5:25 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Hypertension, Arterio sclerosis)	4/14/37 Years ago
Other contributory causes of importance: Hypertrophic Arthritis	1916
Duodenal Ulcer with Obstruction	1933

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None.

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Henry S. Heppard, Jr. M. D.

(Address) 920 St. Paul St.

F 34579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34579

#22550

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 4-2 Ward) Ille

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Carlin

(a) Residence: No. 765 765 Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1/1/1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	69	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Cloverville, Md. Date April 16, 1937

19. UNDERTAKER Greenwood Bros.
(Address) 3615 Reisterstown Ave.

15 1937 ... Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1937 to 4-13, 1937

I last saw him alive on 4-13, 1937 Death is said to have occurred on the date stated above, at 10:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction, peritonitis due to strangulated hernia	1 wk.

Other contributory causes of importance:

Was an operation performed? yes Date of 4-9-37

For what disease or injury? strangulated hernia

Name of operation Release & strangulation

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. H. Hoguen M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

34580 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34580

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-8 Ward)

Registered No. 34-f-82-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Menikheim (Ernest)

If U. S. Veteran specify WAR

(a) Residence: No. 3650 Buena Vista Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) ~~2-12-1863~~ 6-16-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 ~~69~~	7 9	26 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~none~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Date April 16, 1937

19. UNDERTAKER Chrimes & Son
(Address) 3615-17 Chestnut Ave

APR 15 1937 Clerk for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-14 1936 to 4-13 1937

I last saw h. alive on 4-13 1937 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 das
Other contributory causes of importance: Cerebral Thrombosis	mnth

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F. Ramsey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 34581

34581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., 30-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Margaret Marie Jentzsch

If U. S. Veteran specify WAR .....

(a) Residence: No. 609 Wellesley St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erfurt Germany

FATHER

13. NAME Robert Jentzsch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Frisch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Robert W. Jentzsch
(Address) 609 Wellesley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date April 16, 1937

19. UNDERTAKER Joseph H. Roche & Son
(Address) 1003 W. Baltimore St.

Huntington Williams, M.D.

R 15 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-11-, 1937 to 4-14-, 1937

I last saw her alive on 4-14-, 1937 Death is said to have occurred on the date stated above, at 6.45a m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4/6/37

Other contributory causes of importance:

Was an operation performed? No Date of ✓

For what disease or injury? .....

Name of operation ✓ Date of ✓

What test confirmed diagnosis? clinical, Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel Geo. Wehner M. D.

(Address) St. Agnes Hospital

F 34582

34582 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. 26-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3536 E Fairmount St., ... Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 99 yrs. ... mos. ... ds.

2. FULL NAME John Jedlicka

(a) Residence: No. 3536 Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Jedlicka

6. DATE OF BIRTH (month, day, year) Aug. 30, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Jedlicka

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT John Jedlicka
(Address) 3536 Fairmount St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date April 16 1937

19. UNDERTAKER Frank Grach & Son
(Address) 1906 Orleans

20. FILED
Huntington Pettigrew Supt
APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from August, 1935, to April 13, 1937.

I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs.
Other contributory causes of importance: Chronic Bronchitis with Bronchiectasis	5 yrs.

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Francis J. Ayd M. D.

(Address) 2005 E. Monument St.

M. D. B. 1268-9

✓ F 34583

F 34583 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Bond St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Jane McCoy.

(a) Residence: No. 528 N. Bond St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Oct 1 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Hugh McCoy

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Kane

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Margaret Hughes.
(Address) 528 N Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Garland Cem. Date Apl 16. 1937

19. UNDERTAKER Hughes & Jones Inc
(Address) 2211 E. Broadway

APR 15 1937 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1937 to Apr 13 1937
I last saw her alive on Apr 13. 1937. Death is said to have occurred on the date stated above, at 1250 Am.

The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis — Date of onset

Other contributory causes of importance:
Chronic Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. M. Hornstein M. D.

(Address) 733 Aisquith St.

OCCUPATION, is very important. See instructions on back of certificate.

F 34584

F 34584 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 Franklin Square St., Hospital Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andreas L. Moraitcas

(a) Residence: No. 1932 West Pratt St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter - Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. M. Pappas (Address) 227 N. Green

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 4/17 1937

19. UNDERTAKER J. Thomas Rose (Address) Catonsville Md.

20. FILED ... 19 ... Registrar.

APR 19 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Sudden	

Other contributory causes of importance: —

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leon H. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave.

F 34585

F 34585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., and Ward)

Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mr. Merritt L. Squires

(a) Residence: No. 5107 Roland Ave St., and Ward Portlandville N. Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Laura Squires

6. DATE OF BIRTH (month, day, year) Nov 17th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Portlandville N. Y.

FATHER

13. NAME Asa D. Squires

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Martha Wiscott

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Harold C. Squires

(Address) Pittsburg N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 17th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED APR 16 1937 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/37 . 19 to 4/14/37 . 19

I last saw h alive on 4/14/37 . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinomatosis. (Primary site undetermined) — Date of onset 11/1/36 (?)

Other contributory causes of importance: Cat. sclerosis C-V disease.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt, M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

34586 HEALTH DEPARTMENT—CITY OF BALTIMORE 34586

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 E. North Ave 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia A. Ellenberger

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3808 Ridgecroft Rd St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John Ellenberger

6. DATE OF BIRTH (month, day, year) Aug 30 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Baitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Louden Forth

(Address) 926 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 17th 1937

19. UNDERTAKER John Cook

(Address) 209 St Paul St

21. FILED APR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1936 to April 15, 1937

I last saw h... alive on April 15, 1937. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	
Myocarditis	Yrs
Cerebral Sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Michael Kaminski M. D.

(Address) 5401 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

34587

F 34587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Ward) 9-9

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sr. Mary Grata O.S.F. (Catherine Feeley) U. S. Veteran (specify WAR)

(a) Residence: No. St. Joseph's Hospital St., Ward Hawaiian Islands

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 6 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0065

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newcastle

FATHER

13. NAME Hugh Feeley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ainsworth

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of St. Joseph's Hosp. (Address) Caroline & Eloise Sts.

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Date April 17 1937

19. UNDERTAKER Henry Hoen Sons, Inc. (Address) 301 E. Fayette St

20. FILED Apr 16 1937 Registrar

R 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1936 to April 14, 1937

I last saw her alive on April 14, 1937. Death is said to have occurred on the date stated above, at 7 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis c Cachexia	6 mo.
Other contributory causes of importance:	
Hypertension	
Secondary anemia	

Was an operation performed? Yes Date of 12-14-36

For what disease or injury? Prolapse of Cervical Stump

Name of operation Panhysterectomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ——, 19——

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Francis R. Stephenson M. D.

(Address) St Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 34588 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34588

Dr. Lennon

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2905 (St.) Parkwood (Ward) 43-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth 3 yrs. mos. ds.

2. FULL NAME Ida Handsen

If U. S. Veteran specify WAR

(a) Residence: No. 2905 Parkwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wolf

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fayel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 4/15/37

19. UNDERTAKER Jack Jones Inc

(Address) 1143 E. Baltimore St

19. Registrar

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937, to April 16, 1937

I last saw h alive on April 14/37 Death is said to have occurred on the date stated above, at 1. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/11/37
Other contributory causes of importance: Arterio Sclerosis Hypertension	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Lennon M. D.

(Address) 718 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

GALE

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34589 CERTIFICATE OF DEATH ✓ 107-a F 34589

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 Stockton St., 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elsie Gale

(a) Residence: No. 1339 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nathaniel Gale

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillie Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Nathaniel Gale Father
(Address) 1339 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Feb 16, 1937

19. UNDERTAKER Dorsey E. Kelly
(Address) 1201 Pennsylvania Ave.

20. (Filed) Huntington Avenue, Baltimore

FEB 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above at 11 16 a m

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia. — Date of onset .....

Other contributory causes of importance: Cause

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos. Bruce M. D.

(Address) 1215 Hanover

OCCUPATION is very important. See instructions on back of certificate.

F 34590

34590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Whitington

(a) Residence: No. 313 S. Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah.

6. DATE OF BIRTH (month, day, year) 6/2/94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Ernest Whitington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sallie Soaks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date April 16, 1937

19. UNDERTAKER Mundell & Chapel
(Address) 1402 E. Monument St

20. FILED 19 ..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1937 to April 13, 1937

I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 7 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Nephritis	1935
Hypertensive Cardiovascular Disease	

Other contributory causes of importance:

Was an operation performed? Yes Date of 1935

For what disease or injury? Hypertension

Name of operation Bilateral Splanchnicectomy

What test confirmed diagnosis? P.S.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) James H. Hurlock M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

B 34591 F 34591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5600 Park Heights Ave St., 23rd Ward)

Registered No. 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth W. Miller

(a) Residence: No. 5600 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Chas. J. H. Miller

6. DATE OF BIRTH (month, day, year) April 27-1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	19	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Young

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Barbara Ott

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT John H. Young
(Address) 5600 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date April 18 37

19. UNDERTAKER Philip Herwig Sons
(Address) 20 N. Eutaw St

20. FILED 19
Huntington Maryland

APR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1936 to April 14 1937

I last saw her alive on April 14 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2d 1937
Other contributory causes of importance: Myocarditis Nephritis	14y 10y

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. L. Mazer M. D.

(Address) 3604 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

F 34592

F 34592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 E. Oliver St. Ward) 8-a

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME J. Frederick Klotsch

(a) Residence: No. 2205 E. Oliver St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Johanna Klotsch

6. DATE OF BIRTH (month, day, year) Dec. 26-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Edw. Klotsch

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Johanna Klotsch
(Address) 2205 E. Oliver st.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date April 17 37

19. UNDERTAKER Phil. Herwig Sons
(Address) 2016 Orleans St

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

PR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9 . 1937 . to April 14 . 1937

I last saw h alive on April 13 . 1937. Death is said to have occurred on the date stated above, at 6 + m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-9 37
Other contributory causes of importance: Arteriosclerosis Hypertension Cerebral Hemorrhage	Aug 36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alan B Lemmon M. D.

(Address) 718 N Patterson Park Ave

34593 # 22119 F 34593 EB

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Louisa Bailey

If U. S. Veteran specify WAR .....

(a) Residence: No. 735 George St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William (Deceased)

6. DATE OF BIRTH (month, day, year): 1866 (?)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Henry Thomas (Dead)

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Mary Handy (Dead)

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Lebanon Date: April 17 '37 19

19. UNDERTAKER: Mrs. Ida N. Holland

(Address): 169 Druid Hill Ave

20. FILED ..... 19..... Registrar.

APR 19 1937 Huntington Walbrook, Md.

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 — 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1937 to 4-14, 1937

I last saw h.e.r alive on 4-14, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma, Body of Uterus (Maligant)	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-26-37 & 4-12-37

For what disease or injury? Adenocarcinoma Body Uterus

Name of operation D & C ; Panhysterectomy

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

N.O.....If so, specify.....

(Signed) C. C. Brautigan M. D.

(Address) Baltimore City Hosp.

F 34594 ✓ F 34594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Pitcher St., 14-2 Ward)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriett A Peters

(a) Residence: No. 635 Pitcher St. (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Peters

6. DATE OF BIRTH (month, day, year) March 12, 1560

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sarah Howard

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Robert Peters

(Address) 635 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 16, 1937

19. UNDERTAKER Mrs. Geo. F. Holland

(Address) 1623 Druid Hill Ave

[illegible] 1937 [illegible] Baltimore, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1935 to April 13, 1937

I last saw h[illegible] alive on April 6, 1937 Death is said to have occurred on the date stated above, at 11.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Ch. Valvular Heart Disease	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 117 W. Madison

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 34595

34595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 21-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Berger

(a) Residence: No. 1012 Russell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April. 15, 1937.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. 52 min.
—	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Edwin William Berger

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Lydia Marie Fritz

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 4-16, 1937

19. UNDERTAKER Barnard C Harke
(Address) 121 E West St.

19 1937 Filed 19 ... Ellington F. Thomas, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from April. 15, 1937, to April. 15, 1937

I last saw him alive on April. 15, 1937 Death is said to have occurred on the date stated above, at 2 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	April 15, 1937

Other **contributory causes** of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. C. Bruce, M. D.

(Address) Univ. Hosp.

M. D. B. 1068-3

F 34596

F 34596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1309 Hollins St., 19-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma BROWN If U. S. Veteran specify WAR .....

(a) Residence: No. 1309 Hollins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence BROWN

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clarence Brown
(Address) 1309 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 11/7/37

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins st

20. FILED [illegible] Washington

APR 15 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Sudden	
Other contributory causes of importance: Chronic Arthritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. W. Phillips M. D.
(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

22600

HEALTH DEPARTMENT—CITY OF BALTIMORE

34597

CERTIFICATE OF DEATH

82-a F 34597

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward Smith

(a) Residence: No. 305 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married (separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1877 (?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 907 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward Smith (Deceased)

14. BIRTHPLACE (city or town) (State or country) ? Va

MOTHER

15. MAIDEN NAME Sidi? Carter

16. BIRTHPLACE (city or town) (State or country) ? Va

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Apr 16 1937

19. UNDERTAKER Samuel W. Chase Son
(Address) 638 N. Gilmor St

1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-10 1937 to 4-12 1937

I last saw him alive on 4-12 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Duration 2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M.D.

(Address) Baltimore City Hospitals

F 34598 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34598

CERTIFICATE OF DEATH

22262

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Cox

(a) Residence: No. 1829 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53 ~~60~~	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Wrk. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Solomon

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Marie Cox

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Cem. Date April 17 1937

19. UNDERTAKER Mrs. A. Elliott-daughter
(Address) #29 Caroline St.

20. FILED APR 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-28 1937 to 4-12 1937

I last saw her alive on 4-12 1937 Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pyelonephritis	2 wks
Other contributory causes of importance: Carcinoma of Breast with metastasis to spine	10 mos.
Was an operation performed? Yes Date of 10 mos ago	
For what disease or injury? Cancer of Breast (L. K. A.)	
Name of operation	
What test confirmed diagnosis? Was there an autopsy? Yes	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. Carnes M. D.

(Address) Baltimore City Hospitals

OCCUPATION IS VERY Important. See instructions on back of certificate.

F 34599

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34599

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bolte City Hospital / 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Dawson

(a) Residence: No. 3013 Clifton Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dawson

6. DATE OF BIRTH (month, day, year) July 15 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
91	94	9	6 / 69	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly wood furniture

10. Date deceased last worked at this occupation (month and year) 20 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wallace MacWilliams

(Address) Clerk of Geneva Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 16 1937

19. UNDERTAKER John Ulsh

(Address) 2015 Orleans St

APR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured left femur — Date of onset Feb 3 36

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Feb 3, 1936

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Slipped off chair to floor

Nature of injury Fractured left femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright, M. D.

(Address) 1910 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

V 8 6

2 45 P.M.

HEALTH DEPARTMENT—CITY OF BALTIMORE

327637

CERTIFICATE OF DEATH

53-CF 34600

F 34600

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Cliffe If U. S. Veteran specify WAR

(a) Residence: No. 1214 N. Ellwood Ave St., Ward. Wal 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-8-30

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	7+	157	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Cliffe

14. BIRTHPLACE (city or town) (State or country) Czech -

MOTHER

15. MAIDEN NAME Madeline Martin

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date April 17 '37

19. UNDERTAKER Harry H. Wiseke (Address) 1151 Edmondson Ave

APR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to April 15, 1937

I last saw her alive on April 15, 1937 Death is said to have occurred on the date stated above, at 2 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - malignant	
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 12, 1937

For what disease or injury? Brain Tumor

Name of operation Right craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

34601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165 F 34601

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 E. Lombard St. 1-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Boggio

(a) Residence: No. 2115 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Oct 18, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Addono Rosa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Angelo Boggio

(Address) 516 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 17, 1937

19. UNDERTAKER Frank V. Palestra

(Address) 2818 E. Baltimore St.

APR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	
by hanging	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide while insane Date of injury April 14, 1937

Where did injury occur? Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury hanging to bedstead

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. W. Wright, M. D. Coroner

(Address) 1010 S. Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 34602

34602 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. 22635

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Freeburger

If U. S. Veteran specify WAR

(a) Residence: No. 23 N. Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-12-37

7. AGE Years	Months	Days	If LESS than 1 day, 15 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn --none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. over

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Wm. Freeburger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Thelma Schwartz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation at BCH Date 4-13-37 19

19. UNDERTAKER

(Address)

19 Filed 19

APR 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-12 19 37 to 4-12, 1937

I last saw him alive on 4-12 19 37 Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

34603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

F 34603

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2146 W Lexington St., Ward) 2

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Emmert

If U.S. Veteran specify WAR .....

(a) Residence: No. 2146 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Emmert

6. DATE OF BIRTH (month, day, year) Nov. 5, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Emmert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harriett Emmert

(Address) 2146 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4-15 1937

19. UNDERTAKER Frederick A Cole

(Address) 1700 W Lombard St

Huntington Williams, M.D.

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1935 to April 13, 1937.

I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arterio-sclerosis	ca June 1935
Chronic myocarditis	" " "
Acute cardiac dilatation	Apr 12-37

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Harry C Tuke M. D.

(Address) 1204 W. Fayette St.

F 34604

✓ F 34604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. 27-43

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 Longwood Road, Roland Park St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Edward Hanlon

(a) Residence: No. 200 Longwood Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Kelly

6. DATE OF BIRTH (month, day, year): ----------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: President Park Board

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montville Connecticut

FATHER

13. NAME: Terrance C. Hanlon

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown ----------

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Albert E. Thompson

(Address): 200 Longwood Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 4/17 1937

19. UNDERTAKER: Henry H. Meyers & Son

(Address): 500 N. Calvert St.

20. FILED APR 17 1937 [illegible], M. D.

R 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to April 14, 1937.

I last saw him alive on April 14, 1937. Death is said to have occurred on the date stated above, at 11:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis.	
Coronary occlusion	Apr 34.
Cardiac dilatation &	
arrythmia (acute)	April 14, 37

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John Tilden Howard, M. D.

(Address) 12 E. Eager St.

✓ F 34605

34605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N. Stricker St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Rosella Murray

If U. S. Veteran specify WAR .....

(a) Residence: No. 420 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 19-1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Murray

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Julia Murray.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Julia Murray

(Address) 420 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 16, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Edmondson Ave.

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and Inquest, find that said deceased came to her death on the day stated above. 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis.	4-14-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson Ave

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34606

CERTIFICATE OF DEATH

F 34606

Registered No. 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltic Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Frank Lee

(a) Residence: No. 364 Four and half St Brooklyn Md. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Lee

6. DATE OF BIRTH (month, day, year) Jan 12 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME Curtis M Lee

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alverd A Jacobs

16. BIRTHPLACE (city or town) (State or country) Brookyn md

17. INFORMANT Mrs Jannie A Schnepfe (Sister)

(Address) 406 Doris Ave Brooklyn md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 17 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED [illegible] Registrar

APR 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, on the [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Stroke	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

P S 6

F 34607

F 34607 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Street) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Ehrhart

If U.S. Veteran specify WAR .....

(a) Residence: No. 1436 N. Broadway St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harvey J. Ehrhart.

6. DATE OF BIRTH (month, day, year) Oct 16th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT George E. Ehrhart.

(Address) 922 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park - Date 4-17-37

19. UNDERTAKER Wendell E. Humphreys.

(Address) 1501 N. Broadway

20. FILED APR 16 1937 Thurlington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937 to April 14, 1937

I last saw her alive on April 14, 1937 Death is said to have occurred on the date stated above, at 7:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Broncho-pneumonia	1 wk

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Oestreow M. D.

(Address) St Joseph's Hospital

34608 F 34608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Boyer

If U.S. Veteran specify WAR .....

(a) Residence: No. 910 Warner St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Willie Boyer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Maggie Johnson

16. BIRTHPLACE (city or town) (State or country) Huntingtown Calvert Co. Maryland

17. INFORMANT Mrs. Willie Boyer

(Address) 910 Warner St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 4/16/37

19. UNDERTAKER John J. Fahey & Sons

(Address) 1318 Light St.

20. FILED APR 16 1937 Baltimore, Md.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to April 13, 1937

I last saw her alive on April 13, 1937 Death is said to have occurred on the date stated above, at 8.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Heart Disease	?
Acute Osteomyelitis	4-6-37
Other contributory causes of importance:	
Septicemia	4-8-37

Was an operation performed? Yes Date of 4-8-37

For what disease or injury? Acute Osteomyelitis, Tibia

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Austrian M. D.

(Address) St Josephs Hospital

M. D. B. 1268-9

F 34609

F 34609 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Calander St. St., 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Groh

(a) Residence: No. 504 Calander St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Sarah A. Groh

6. DATE OF BIRTH (month, day, year) Aug. 11, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at: this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Groh
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Köhler
16. BIRTHPLACE (city or town) Washington D.C.
(State or country)

17. INFORMANT Sarah A. Groh
(Address) 504 Calander St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 17, 1937

19. UNDERTAKER Ambrose & Son
(Address) 1217 W. Lexington St.

16 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1936, to April 15, 1937

I last saw him alive on April 6, 1937. Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Uremia	
Intestinal Nephritis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Worley M.D.

(Address) 729 Washington Blvd

OCCUPATION IS VERY important. See instructions on back of certificate.

Grave #9

34610 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 1837 F 34610

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Found floating in harbor Foot of Exeter St. (Ward) 23-2

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date APR 16 1937

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Kocca

20. FILED APR 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Prob. April 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably Drowning — Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Probably Accident Date of injury Unknown 19..

Where did injury occur? Found Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Found in harbor foot of Exeter St.

Manner of injury Probably fell overboard

Nature of injury Probably drowning

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. W. Wright, M. D.

(Address) 1010 E. Eldwood Ave

M. D. B. 1268-9

34611

F 34611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 609 Edgewood St (Ward) 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda E. Jones

(a) Residence: No. 609 Edgewood St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, ~~Widowed~~, or Divorced (~~write the word~~) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas H Jones

6. DATE OF BIRTH (month, day, year) June 26 1867

7. AGE 69 Years | 10 Months | 20 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Blake

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thos H. Jones

(Address) 609 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cem Date 4/19/37

19. UNDERTAKER (Address) Geo Lambert 5 E N Fyndhurst St

20. FILED 4/19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to Apr 15 1937

I last saw her alive on Apr 15 1937 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Cerebral Hemorrhage	2 15

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. S. Reed M. D.

(Address) 733 Cathedral

OCCUPATION is very important. See instructions on back of certificate.

F 34612

F 34612 HEALTH DEPARTMENT—CITY OF BALTIMORE

327519

CERTIFICATE OF DEATH

114-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Harrod Bell

(a) Residence: No. 105 W. Low St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 12/24/10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Wm Harrod

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Bill

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date April 17 1937

19. UNDERTAKER Robert F Kellam Inc
(Address) 15 15 Mc Elderry St

20. FILED ..... Registrar.

APR 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to April 14, 1937.

I last saw h.... alive on April 14, 1937. Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess and Gangrene of Lung	1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) James A Hayden M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

34613 HEALTH DEPARTMENT—CITY OF BALTIMORE 34613

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 Belvidere ave St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maria Beranek

(a) Residence: No. 3119 Belvidere ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Beranek

6. DATE OF BIRTH (month, day, year) May 23 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

FATHER

13. NAME ? Novak

14. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT Frank Hildebrand
(Address) 3119 Belvidere ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Cem Date Apr 17 1937

19. UNDERTAKER Ernest Funk Inc
(Address) 1531 Eastland ave

APR 17 1937 Hunting Ridge, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above-named person on the ... day of ..., 19..., and have viewed the remains of same; that I have held an Inquest, Autopsy and Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	4-14-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible] Coroner

OCCUPATION is very important. See instructions on back of certificate.

F 34614

34614 HEALTH DEPARTMENT—CITY OF BALTIMORE

3267 23

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-4 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lilly Mary Tennant

(a) Residence: No. 1221 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Negro	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Knox

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillian Slater

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/17 1937

19. UNDERTAKER Geo L Jackson & Son Inc
(Address) 1911 E Baltimore

20. FILED 4/7 1937 Huntington Williams, M.D.
(Signature of Registrar)

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 26th 1937 to Apr. 13 1937

I last saw h. alive on Apr. 13, 1937 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Feb. 37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34615

122-13

34615

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Redwood Ave St., 20-6 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Culp

(a) Residence: No. 3147 Leeds St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Culp

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lewis Sturm

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unk.

17. INFORMANT Joseph A Culp

(Address) 3147 Leeds St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 17 1937

19. UNDERTAKER Fred W Ozaguroki

(Address) 1930 Eastpoint Ave.

20. FILED APR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1937

22. I HEREBY CERTIFY, That I attended deceased from April 4 1937 to April 13 1937

I last saw h.... alive on April 13 1937. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? Yes Date of 4/9/37

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Colman Jr. M. D.

(Address) Univ. Hospital

F 34616

34616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Penrose Ave St) 70-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 75 yrs. 8 mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Edgar R. Williams

(a) Residence: No. 2027 Penrose Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Indiana Williams

6. DATE OF BIRTH (month, day, year) Aug 12-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Line Supt. 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) Retired 1935

11. Total time (years) ... months ... days

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John M. Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Indiana Williams
(Address) 2027 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 17 1937

19. UNDERTAKER Horace F. Burgee
(Address) 3631 Falls Road

20. FILED ... 1937 Lexington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14-1937

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to April 14 1937

I last saw him alive on April 14 1937. Death is said to have occurred on the date stated above, at 6.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-12-37

Other contributory causes of importance:

Diabetes Mellitus	1934
acidosis	Dec. 1936

Was an operation performed? no Date of ...

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? ... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Edson Pleasants M. D.

(Address) 1904 W. Baltimore St

APR 17 1937

30617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 11-4 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Oscar Jenkins

(a) Residence: No. 424 W Biddle St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Orlando Jenkins

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Rosanne Johnson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery County Date Apr 17 1937

19. UNDERTAKER Lattie Gross (Address) 1408 Gilford Ave

20. FILED Huntington Williams M.D. APR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 26 1937 to Apr 13 1937

I last saw him alive on Apr 11 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar Type XII	3/25/37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Haviland M. D.

(Address) Johns Hopkins Hospital

34618 F 34618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22593 EF 92a 349

Registered No. 15-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Blanchard

(a) Residence: No. 1316 N. Fremont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 10-22-1883

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Kline

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Londonpark Date April 19 1937

19. UNDERTAKER Sup. Little

(Address) 2700 Edmondson Ave

20. 4-17-1937 Attending for Philippeaux M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1937 to 4-15 1937

I last saw h[illegible] alive on 4-15 1937 Death is said to have occurred on the date stated above, at 5-45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	4 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

VS 9

F 34619

HEALTH DEPARTMENT—CITY OF BALTIMORE

34619

CERTIFICATE OF DEATH

1-5 92a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S. Patterson Park Ave. St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES F. SHANEY

If U. S. Veteran specify WAR .....

(a) Residence: No. 18 S. Patterson Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) July 19.1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John H. Shaney

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth C. Frey

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Mary E. Shaney (Sister)

(Address) 18 S. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery. Date Apr. 19. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC. Geo. F. Sander
(Address) Baltimore & Broadway.

Filed ..... 19 ..... Registrar.

APR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15. 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 ..... 19 37 to April 15 ..... 19 37

I last saw h... alive on ..... April 15 ..... 19 37 Death is said to have occurred on the date stated above, at 3.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hem.	4 hrs
Arteriosclerosis	10 yrs
Other contributory causes of importance: Chronic Nephritis	4 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

34620

F 34620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Nixon

if U. S. Veteran specify WAR .....

(a) Residence: No. 807 Peach St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Stevedore)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Fruit Co. Wharf

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Bradley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Nixon

(Address) 807 Peach St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/19 1937

19. UNDERTAKER Isaiah L Brown Son

(Address) 1510 W Montgomery St

20. FILED 4/19 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy from	
Aortic insufficiency	

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. M. Wright M. D.

Coroner

(Address) 1010 S Edmondson Ave.

V S 6

F 34621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

F 34621

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 N. Parrash st. St., 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Ony Boy Reed

(a) Residence: No. 1218 N. Parrash st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosella Reed

6. DATE OF BIRTH (month, day, year) Nov. 30-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex, Va.

FATHER

13. NAME Allan Reed,

14. BIRTHPLACE (city or town) (State or country) Middlesex, Va.

MOTHER

15. MAIDEN NAME Louise Crump

16. BIRTHPLACE (city or town) (State or country) Middlesex, Va.

17. INFORMANT Carrie, Morris (Sister)
(Address) 1725 W. Lanvale st

18. BURIAL, CREMATION, OR REMOVAL
Place middlesex va Date April 17 37

19. UNDERTAKER T. E. Nelson
(Address) 1303 Presstman st

Huntington Witnesses

17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1st. 1937. to April 15th 37

I last saw him alive on 14 1937 Death is said to have occurred on the date stated above, at 7.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abt. April 1st. 1937	
Pulmonry T.B.C.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

F 34622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

F 34622

Registered No. 15-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Calhoun St. Ward)

Length of residence in city or town where death occurred ~~yrs.~~ mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Butler

(a) Residence: No. 1625 N Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Olivia Hall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Butler

(Address) 1625 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters cem Date 4/17/37 19

19. UNDERTAKER George H. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED Apr 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	April 16 1937
Other contributory causes of importance:	0032

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen M. D.
Coroner

(Address) 10 N Calvert St

V 16 1937

37 7730

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34623

CERTIFICATE OF DEATH

6-4 131

F 34623

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs 10 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Lee Walker

If U. S. Veteran specify WAR .....

(a) Residence: No. 224 N Durham St., ... Ward. Culpepper Virginia

(Usual place of abode) (If non-resident give city or town and State)

visit-

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/27/25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Shedrick Baylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Beasley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date April 19 37

19. UNDERTAKER Elroy O Wilson

(Address) 1002 Brantley Ave

20. FILED 4-17-1937 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937 to April 14, 1937

I last saw h.e. alive on April 14, 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulo-Nephritis	1936
Uremia	1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) James H. Hanlon, M. D.

(Address) Johns Hopkins Hospital

F 34624

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34624

CERTIFICATE OF DEATH 82684-CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 16-1 35a Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ardell Owens

(a) Residence: No. 633 N. Carey St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addison Owens

6. DATE OF BIRTH (month, day, year) June 18 1893 (or 1894)

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	9 10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Sterlin Love

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Meig

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lanton VA Date April 18th 1937

19. UNDERTAKER Elroy Owilson

(Address) 1000 Brantlope

20. FILED APR 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1937 to 4-15 1937

I last saw her alive on 4-15 1937 Death is said to have occurred on the date stated above, at 3 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruby-ovarian abscess Left	?
	1
Other contributory causes of importance: Peritonitis	Wk.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

M. D. B. 1568-9

F 34625

34625 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3404 Clairmont Ave St. 26-B Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Regan

(a) Residence: No. 3404 Clairmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 24, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME John Regan

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Murray

16. BIRTHPLACE (city or town) Ireland.
(State or country)

17. INFORMANT John Regan
(Address) 3404 Clairmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Texas Md. Date April 19, 1937

19. UNDERTAKER John F. Tinnan
(Address) 3000 E. Baltimore St.

APR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8-2, 1937, to April 15th, 1937

I last saw her alive on April 14, 1937. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apl 2/37

Other contributory causes of importance:

Hypostatic pneumonia.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. W. Keown, M. D.

(Address) 1938 Linden Ave

34626

HEALTH DEPARTMENT—CITY OF BALTIMORE

34626

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH John Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jones Morgan Owens

(a) Residence: No. Riverside Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit & Veg

10. Date deceased last worked at this occupation (month and year) Apr 1937

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) (State or country) Riverside Md

MOTHER

13. NAME Anne Owens

14. BIRTHPLACE (city or town) (State or country) Riverside Md

FATHER

15. MAIDEN NAME Elizabeth Owens

16. BIRTHPLACE (city or town) (State or country) Riverside Md

17. INFORMANT Edgar A Owens
(Address) Riverside Md

18. BURIAL, CREMATION, OR REMOVAL Interment
Place Perryville, Md. Date Apr 20 1937

19. UNDERTAKER Ted Patterson
(Address) Perryville, md.

20. FILED ..... 19 .....

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH 7:30 PM

21. DATE OF DEATH (month, day, year) 4-16-37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 4-6 19 37

Where did injury occur? Woodbourne Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Yard

Manner of injury Accident Fell down steps

Nature of injury Fracture

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.
Coroner

(Address)

APR 17 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34627

CERTIFICATE OF DEATH

59 F 34627

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 405 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Daily

(a) Residence: No. Ambassador apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Daily

6. DATE OF BIRTH (month, day, year) July 2 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Arundel Corp.

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mark Daily

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Woods

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. W. C. Daily

(Address) Ambassador Apts

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 4/1937

19. UNDERTAKER Chas. H. Grudon & Son

(Address) 1811 Druid Park Drive

20. FILED APR 17 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-2-37, 19 to 4-6-37, 19

I last saw h.. alive on 4-1-37, 19 Death is said to have occurred on the date stated above, at 7:25 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-2-37
Thrombosis, middle cerebral artery, left,	4-2-37

Other contributory causes of importance:

Diabetes mellitus	20 yrs
Chron. hypertension.	10 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Laurence E. Wight, M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34628 CERTIFICATE OF DEATH ✓ 131 **F 34628**

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 Boyd St. 20-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Derr

(a) Residence: No. 2101 Boyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maria Derr

6. DATE OF BIRTH (month, day, year) Aug. 29-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 0062

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Button Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Derr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Maria Derr
(Address) 2101 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date April 17, 1937

19. UNDERTAKER George F. Schwartz
(Address) 2101 E. Baltimore St.

20. FILED E. Lester Williams, M.D. Registrar.

APR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from August, 1936, to April 15, 1937.

I last saw him alive on April 15, 1937. Death is said to have occurred on the date stated above, at 3:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Renal Vascular Disease.	

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. E. MacLaughlin, M. D.

(Address) 400 N. Payson St.

Isaac J Dorzon

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34629 — CERTIFICATE OF DEATH — 82-A F 34629

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 West Pratt St., W-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac J Dorzon

(a) Residence: No. 2203 W Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine D Dorzon

6. DATE OF BIRTH (month, day, year) Oct 23, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fisher & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac J Dorzon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Katherine D. Dorzon 2203 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 4-19 1937

19. UNDERTAKER (Address) Frederick A Pole 1203 W Lombard St

R 17 1937 Washington Hollingsworth

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudd. Cerebral Hemorrhage	

Other contributory causes of importance: Asthma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. H. Phillips, M. D. Coroner

(Address) 1939 Eutaw

V S 6

F 34630

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34630

CERTIFICATE OF DEATH 21839—CM

107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Armstrong

(a) Residence: No. 1319 Light St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry (D)

6. DATE OF BIRTH (month, day, year) 6-10-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wilmer Berry

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Catherine Dickle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date April 19 37

19. UNDERTAKER Thos F Kreskey & Son
(Address) 1600 E Baltimore St

R 17 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-13-1937 to 4-16-1937

I last saw h. alive on 4-16-1937 Death is said to have occurred on the date stated above, at 6.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3-6-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hospitals

F 34631

34631 HEALTH DEPARTMENT—CITY OF BALTIMORE 22654

CERTIFICATE OF DEATH

34-9-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belto. City Hospitals St. 15-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Young

(a) Residence: No. 1553 Woodyear St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 5/11/1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. porter & Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Matilda Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/17 1937

19. UNDERTAKER Lemuel W. Cosse & Son

(Address) 603 N. Calhoun

20. FILED . 19.....

Registrar.

APR 17 1937 Livingston N. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1937 to 4-14 1937

I last saw h[illegible] alive on 4-14 1937 Death is said to have occurred on the date stated above, at 9^00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	1 yr
Other contributory causes of importance:	

Was an operation performed? ND Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify

(Signed) John L. Ranney M. D.

(Address) Baltimore City Hospitals

34632 F 34632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21227

34-4-98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doll Goins

If U. S. Veteran specify WAR

(a) Residence: No. 1622 McCulloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Smith

6. DATE OF BIRTH (month, day, year): 3-16-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Essex County, Virginia

FATHER

13. NAME: Albert Goins

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Betty Williams

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Tappahannock Va Date [illegible] 1937

19. UNDERTAKER: Saml McGuire & Son
(Address) [illegible]

20. FILED [illegible] 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-13-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1937, to 4-13, 1937

I last saw him alive on 4-13-1937, 19. Death is said to have occurred on the date stated above, at 6:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterisoclerotic Gangrene	
left foot	6 mos.
Arteriosclerosis, Generalized	?
Other contributory causes of importance:	
Wassermann Reaction Positive	?

Was an operation performed? yes Date of 3-5-37

For what disease or injury? Gangrene left great toe

Name of operation: Amputation left Great toe

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible], M. D.

(Address) Baltimore City Hosp

F 34633

34633 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 49-a

Registered No. 16-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1143 N. Fauston St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dora J. Edgar

(a) Residence: No. 1143 N. Fauston Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Edgar

6. DATE OF BIRTH (month, day, year) Dec. 9 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester County - Maryland

FATHER

13. NAME Noah E. Gore

14. BIRTHPLACE (city or town) (State or country) Dorchester, County - Maryland

MOTHER

15. MAIDEN NAME Sarah Todd

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William C. Edgar
(Address) 1143 N. Fauston Ave

18. BURIAL, CREMATION, OR REMOVAL Glen Lorne Cem
Place Camoriage-Md. Date Apr. 18-37

19. UNDERTAKER F. B. Siebert & Son
(Address) 1300 Eutaw Place

20. FILED [illegible] 19 [illegible] Registrar.

APR 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1937, to April 14, 1937

I last saw her alive on April 14, 1937. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the left ovary - (primary cause)	about 1934
Other contributory causes of importance: general carcinomatosis	?

Was an operation performed? yes Date of April 5th 1937

For what disease or injury? Carcinoma - ovary

Name of operation Exploratory

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

(Signed) Bertha Tapman Shamer, M. D.

(Address) 3300 West North Ave

34634 F 34634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St. 12-6 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR .....

2. FULL NAME Noah A. Miles

(a) Residence: No. Sanford, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Mary Drummond Miles

6. DATE OF BIRTH (month, day, year) October 13, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master 0056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamen

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Saxis (State or country) Va.

FATHER

13. NAME Noah A. Miles

14. BIRTHPLACE (city or town) Saxis (State or country) Va.

MOTHER

15. MAIDEN NAME Mary A. Linton

16. BIRTHPLACE (city or town) Saxis (State or country) Va.

17. INFORMANT Records, U. S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Sanford, Virginia Date April 17, 1937

19. UNDERTAKER E. Leroy Stubbs, Inc.
(Address) 1256 Druid Ave.

20. FILED 4-17-1937 19 H. C. F. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to April 16, 1937
I last saw h.. alive on April 16, 1937. Death is said to have occurred on the date stated above, at 10:05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial (arteriosclerosis)	Several years
Peritonitis, acute, rt. upper quad.	2 wks.
Other contributory causes of importance:	

Was an operation performed? yes Date of 4-8-37
For what disease or injury? Peritonitis
Name of operation Paracentesis
What test confirmed diagnosis? P. M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R. L. Laurence, M. D.
(Address) U. S. Marine Hospital, Baltimore, Md.

34635 E 34635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34635 12 20 p.m. 72-a

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 1-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lola Adams

(a) Residence: No. 3138 Studeam Ln St., Ward. H Co. Lt 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 24, 34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	6	23	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mabel Bea

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records — (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Oxford Pa Date 4/18/37

19. UNDERTAKER Oxford Pa (Address) Oxford Pa

20. FILED 19 Registrar.

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 7th, 1937 to Apr. 17, 1937

I last saw her alive on Apr. 17, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia, Acute Monocytic	2 wks
Other contributory causes of importance: none	

Was an operation performed? none Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Emma Hodson Engle M. D.

(Address) Johns Hopkins Hospital

34636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34636

CERTIFICATE OF DEATH

V164a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Park ave St. 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Templeton

☐ U. S. Veteran specify WAR .....

(a) Residence: No. 716 Park ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Templeton

6. DATE OF BIRTH (month, day, year) Feb 6 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Co W. Va

FATHER

13. NAME Zachariah Wade

14. BIRTHPLACE (city or town) (State or country) Preston Co W. Va

MOTHER

15. MAIDEN NAME Mary Beatty

16. BIRTHPLACE (city or town) (State or country) Preston Co W. Va

17. INFORMANT Ft Elsey
(Address) Reno W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Kingwood Co. Va Date 4/18/37

19. UNDERTAKER Harry H. Critzke
(Address) 4101 Edmondson Ave

20. FILED APR 19 1937 Huntington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) [illegible] that said deceased came to death on the date stated above at 7.30 a.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromatosis Gravis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury 4-16 1937

Where did injury occur? 716 Park ave Balt
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Gas from kitchen stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Hayn Corner M. D.
Coroner

(Address) 1215 Hanover

34637 F 34637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4029 Bellwood Ave Ward 24)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Nelson Wheat

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4029 Bellwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Agnes K. Wheat

6. DATE OF BIRTH (month, day, year) Feb 9th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0052

10. Date deceased last worked at this occupation (month and year) Oct 1930

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jas. H. Wheat

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Noel

16. BIRTHPLACE (city or town) (State or country) Dillsburg Pa

17. INFORMANT Geo. F. Richardson

(Address) 4029 Bellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date April 19th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1933, to April 16, 1937

I last saw him alive on April 16, 1937 Death is said to have occurred on the date stated above, 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and	1930
Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joshua Hanley M. D.

(Address) 3522 Greenmount Avenue

F 34638

F 34638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard E Jones If U.S. Vet. specify War No Record

(a) Residence: No. 3704 Chatham Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of Lily B. Jones

6. DATE OF BIRTH (month, day, year) April 23rd 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canned Goods

10. Date deceased last worked at this occupation (month and year) 4/6/37

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Pierson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lily B. Jones

(Address) 3704 Chatham Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 19th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 13 1937 Registrar. 12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-10-37 . 19 . to 4-17-37 . 19

I last saw him alive on 4-17-37 . 19 . Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	
Chronic Nephritis	
Chronic appendicitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-10-37

For what disease or injury? Chronic appendicitis

What test confirmed diagnosis? operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Hyd M. D.

(Address) South Baltimore Gen. Hosp.

34639 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34639

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 48 N. Bentalou St. H-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J. Bilson

If U. S. Veteran specify WAR No Record

(a) Residence: No. 48 N. Bentalou St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of: John F. Bilson

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 75 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Greenberg Chapman

14. BIRTHPLACE (city or town) (State or country): Winchester Va

MOTHER

15. MAIDEN NAME: Josephine (Unknown)

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Wm R. Bilson

(Address): 48 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: April 19 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 E Paul St

20. FILED ..... 19 ..... Registrar

R 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/29, 1937, to Apr. 16, 1937

I last saw her alive on Apr. 16, 1937. Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma tongue	

Other contributory causes of importance:

Generalized metastases

Was an operation performed? Yes Date of 2 yrs ago

For what disease or injury? Ca tongue (Dr. Byers)

Name of operation resection tongue

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Anthony V. Bruchner M. D.

(Address) 37 S. Stricker St

F 34640 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34640

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1124 Battery Ave) (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Sewell If U. S. Veteran specify WAR No Record

(a) Residence: No. 1124 Battery Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of: George T. Sewell

6. DATE OF BIRTH (month, day, year): Dec 9th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): March 1937

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Frederick Bolgt

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary Goetz

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Cecelia Berryman

(Address) 1124 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: April 19th 1937

19. UNDERTAKER: Wm Ash

(Address) 1117 St Paul St

20. FILED: Hunter Williams Undertaker

APR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10 1936, to April 17th 1937

I last saw her alive on April 17 1937 Death is said to have occurred on the date stated above, at 2.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Endocardium	8 mos
Other contributory causes of importance: Chronic Nephritis	1 yr

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. W. Wheeler M. D.

(Address) 1779 William St

M. D. P. 1268-9

E 34641 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34641

CERTIFICATE OF DEATH

34-117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home + Infirmary Ward 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George Taylor

(a) Residence: No. 1400 Eutaw Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

No War Record

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Catherine Taylor

6. DATE OF BIRTH (month, day, year) Jan 7th 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kinner Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Taylor

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice Jones

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Catherine Taylor

(Address) 1400 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 20th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 18 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28 1937 to April 17 1937

I last saw him alive on April 14 1937 Death is said to have occurred on the date stated above, at 9.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Gastric Ulcer	
Chronic Arteriosclerotic (Myocardial) Heart Disease	
Latent Syphilis.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vernon H Howard M. D.

(Address) Church Home & Infirmary

F 34642

F 34642 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-W

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5615 Birchwood St. (or) E. Ward 7-b

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Ellsworth Williams

If U. S. Veteran specify WAR

(a) Residence: No. 5615 Birchwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) Aug 21-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Purity Creamery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos W. Williams

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Beulah W.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carl C. Williams

(Address) 5609 Belleville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Apr 20 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

20. FILED ....., 19..... Registrar.

APR 18 1937 Livingston Mortuary, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 17-1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1935 to April 17, 1937

I last saw h alive on April 12, 1937 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1935
Ca	
Other contributory causes of importance: Chronic Nephritis	1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical With there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliott Bergan M. D.

(Address) 1 W. Overlea

Cannaliato

F 34643

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34643

CERTIFICATE OF DEATH

72-B

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 7th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Miss Jean Cannaliato

(a) Residence: No. 711 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed~~, or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed~~ divorced: ~~HUSBAND'S~~ (or) WIFE of Un Known

6. DATE OF BIRTH (month, day, year) Jan 13th 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Cannaliato

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Agnello

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Cannaliato

(Address) 252 N. Pearl St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 20th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar

APR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/1937

22. I HEREBY CERTIFY, That I attended deceased from 4/7/1937 to 4/17/1937

I last saw h.. alive on 4/16/1937 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Claggett Boyd M. D.

(Address) Union Memorial Hosp.

34644 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34644

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3124 Foster Ave St. 1-V Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet E. Randles

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3124 Forest Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Samuel Randles

6. DATE OF BIRTH (month, day, year) June 28th 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) South Amboy N.J.

FATHER

13. NAME ? Box

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank S. Randles

(Address) 3124 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date April 19th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED APR 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to April 15, 1937

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
	over

Other contributory causes of importance:

Senility	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Fod M. D.

(Address) 4616 Eastern Ave

34645 ✓ F 34645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 157 D

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. Halethorpe, Md. St. 25-1 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Link
If U. S. Veteran specify WAR .....

(a) Residence: No. Lansdowne Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-10-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Link

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Kessler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 4-19 1937

19. UNDERTAKER Bernard C. Harlow
(Address) 921 E. 33rd St

R 13 1931 [illegible]

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to April 17, 1937
I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 7:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4-10-37
Bronchial Pneumonia	4-16-37

Other contributory causes of importance:
Infancy

Was an operation performed? Yes Date of 4-12-37
For what disease or injury? Intestinal Obstruction
Name of operation Colostomy Date of
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Louis D. Llewelyn M.D.
(Address) St. Agnes Hospital

34646 F 34646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jacob H Zapp

(a) Residence: No. 1638 Augusta St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stieff Piano Co 2014

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Godfrey F Zapp (Address) 506 Aisquith St, Balto Md.

18. BURIAL, CREMATION OR REMOVAL Loudon Park Date 4/14/37 19

19. UNDERTAKER H M Cook (Address) 1217 E Baltimore St

4-19-1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gastric Carcinoma	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

V S 6

M. D. B. 1268

F 34647

F 34647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Hochkend

If U. S. Veteran specify WAR .....

(a) Residence: No. 5031 Lenmore Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Abraham Hochkend

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Rebecca ---

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Abraham Hochkend
(Address) 5031 Lenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 4-18-37 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E Balto St

20. FILED 4-19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rhumatic Endocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, state how ...

(Signed) ... M. D.
Coroner

(Address) ...

F 34648 ✓ F 34648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Agnes Hospital Ba

CITY OF BALTIMORE: (No. ..... St., 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carl Stofield

(a) Residence: No. 1120 Halcon Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Stofield

6. DATE OF BIRTH (month, day, year) Sept. 7-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop 0856

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Stofield

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Laura McLeod

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edna Stofield

(Address) 1120 Halcon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Montefiore Cem. Date April 19-37

19. UNDERTAKER C. Miller & Son

(Address) 2324 Jefferson St

20. FILED 19 ... Registrar.

APR 19 1937 A. E. Fox Milliken, M.D.

MEDICAL CERTIFICATE OF DEATH 14 FM

21. DATE OF DEATH (month, day, year) 4-16-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4-16

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? Fredericksburg Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by truck

Nature of injury Fracture of skull, contusion brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edna Stofield M. D.

Coroner

(Address) 1120 Halcon Ave

F 34649

34649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Carolina 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 29

Length of residence in city or town where death occurred 29 yrs. ... mos. ... da. How long in U. S. If of foreign birth ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ....

2. FULL NAME Benjamin Zelekowitz

(a) Residence: No. 210 S. Carolina, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Laib Zelekowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Chiah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fannie Zelekowitz

(Address) 210 S Carolina St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel 4/18/37

19. UNDERTAKER Jas L. Levy & Son

(Address) 1432 E. Balto St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I took ... of the ... above, held an inquest (Inquest, Autopsy or Inquiry) ... obtained by said inquest (Inquest, Autopsy or Inquiry) ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary embolism from Chronic myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm. W. Wright, M. D.

Coroner

(Address) 1010 S. Ellwood Ave

F 34650 ✓ F 34650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Belle ave St., ... Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Walner

(a) Residence: No. 3901 Belle ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Late Samuel

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Bodnar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Wolner (Address) 3901 Belle ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date April 18 1937

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Baltimore st

20. FILED APR 18 1937 H. F. Kemp, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936 to April 17 1937

I last saw her alive on April 17 1937 Death is said to have occurred on the date stated above, at 7.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Nov 1936
Other contributory causes of importance: Diabetes Mellitus	2 years

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Cohen M. D.

(Address) 2235 Broadway

F.D. 34651 ✓ F 34651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 E. Baltimore St. 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Raffel

(a) Residence: No. 1500 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Mrs. Esah Raffel

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing (mens)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Raffel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Israelson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Robert Raffel
(Address) 1500 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Southern Cem. Date Apr. 8, 1937

19. UNDERTAKER Sol Levinson Bro.
(Address) 1127 E. Balto St

APR 13 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20th, 1933, to April 17, 1937.
I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	5-1-33
Lobar pneumonia	4-15-37

Other contributory causes of importance:

Coronary occlusion	4-14-37

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) D. Kaden, M. D.

(Address) 2306 Eutaw Place

34652 V F 34652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 Bonaparte ave St., 9-X Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry W. Bangs Jr. If U. S. Veteran specify WAR .....

(a) Residence: No. 1238 Bonaparte ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Shipper Bangs

6. DATE OF BIRTH (month, day, year) Feb. 11. 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Mail Line

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Harry W. Bangs

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Mary Coyne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Harry W. Bangs Jr.
(Address) 1230 Bonaparte Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 4/19 19 37

19. UNDERTAKER Maynard E. Flynn
(Address) 1 West Lafayette St.

20. FILED ..... 19..... Registrar.

APR 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937 to April 16, 1937.

I last saw h... alive on April 16, 1937. Death is said to have occurred on the date stated above, at 12.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and Influenza	4/11/37
Other contributory causes of importance: Cardiac Dilatation and Tachycardia	10 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Autopsical examination

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Cassberg M. D.

(Address) 2025 Linden Ave

M. D. B. 1268-2

F 34653

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34653

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2636 Edmondson Ave 16-b Ward)

Length of residence in city or town where death occurred 25 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Moley E. Jones

(a) Residence: No. 2636 Edmondson Ave W., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Jones

6. DATE OF BIRTH (month, day, year) Aug 5, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Lusk

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Byrne

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William E. Jones
(Address) 2636 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Balto. Md Date April 19 1937

19. UNDERTAKER F. Vernon Kuhner
(Address) 2301 Edmondson Ave

APR 13 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 2 1937 to April 15 1937

I last saw h.. alive on April 15 1937 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastasis	1927

Other contributory causes of importance:

Name of operation Simple Mastectomy Date of 1927

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hudson E. Stacy, M. D.

(Address) 3803 Edmondson Ave

F 34654 ✓ F 34654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Church Home + Infirmary, Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth 77 yrs. 2 mos. 24 ds.

2. FULL NAME Mrs. Walter Camenden

(a) Residence: No. 2202 Maryland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 24 1860

7. AGE — Years: 77 | Months: 2 | Days: 24 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None | 11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): New Orleans La.

FATHER

13. NAME: Fred Camenden

14. BIRTHPLACE (city or town) (State or country): new york N.Y.

MOTHER

15. MAIDEN NAME: Mary C. Stair

16. BIRTHPLACE (city or town) (State or country): new york ny

17. INFORMANT: Mrs Tolin P. Shellaber (sister)
(Address) Melrose Mass.

18. BURIAL, CREMATION, OR REMOVAL: Place Greenwood Baltimore Md Date Apl 19 37

19. UNDERTAKER: Bernard Monroe
(Address) 208 N. Parkway

20. FILED 19 Registrar

APR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 17 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to April 17 1937

I last saw h— alive on April 17 1937 Death is said to have occurred on the date stated above, at 7:03 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ureteral stone = Pyonephrosis	?
Bladder stone = Cystitis	
Uremia	
Other contributory causes of importance: Broncho Pneumonia	4/12/37

Name of operation: Date of:

What test confirmed diagnosis? C.L.I. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wesley J. Ketz M. D.
(Address) Church Home + Inf.

34655 327789

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34655

53-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 7-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR NONE

2. FULL NAME Sarah H. Edmonds

(a) Residence: No. 10 Lee ave Wadesboro St. ... Ward. North Carolina
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter A. Edmonds

6. DATE OF BIRTH (month, day, year) 6-15-76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

FATHER

13. NAME Thomas Hardison

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Sarah Flake

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Wadesboro N.C. Date 4/18/37 19

19. UNDERTAKER Stewart Mowen Company
(Address) 108 W. North ave

20. FILED ... 19 ... Registrar

APR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1937 to April 18, 1937

I last saw h.. alive on April 18, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor malignant	? 2 yrs.
Other contributory causes of importance: Post Operative shock	

Was an operation performed? yes Date of April 15, 1937

For what disease or injury? Brain tumor

Name of operation Right Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Jonas Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. 1275

34656

✓ F 34656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 3-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Alfonso Mancuso

If U. S. Veteran specify WAR

(a) Residence: No. 141 S. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alessandra Mancuso

6. DATE OF BIRTH (month, day, year) Oct. 10 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Idella Italy

FATHER

13. NAME Michele Mancuso

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Giuseppina Di Giorgio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Alessandra Mancuso (Wife)
(Address) 141 S. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Apr. 19 1937

19. UNDERTAKER Frank Della Rocca
(Address) 524 Kelly St.

20. FILED 19 Registrar

R 13 1937

MEDICAL CERTIFICATE OF DEATH 11:45 AM

21. DATE OF DEATH (month, day, year) 4-15-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, Suicide, or Homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

34657

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2241 Wilkens Ave. St., 20-5 Ward)

Length of residence in city or town where death occurred 32 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Anna Schwaln

(a) Residence: No. 2241 Wilkens Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 9, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as oplaner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schwaln

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schule

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Christine Schlicher
(Address) 2241 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 19/37

19. UNDERTAKER Wm. H. Little
(Address) 4101 Edmondson Ave.

20. FILED APR 13 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 23, 1937, to April, 16, 1937

I last saw her alive on April, 16, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	3/ 23/37
Other contributory causes of importance:	
Arterio Sclerosis.	Year

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? 0 Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury ..... 19.....

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of injury 0

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. Ford Johnson M. D.

(Address) Catonsville Md

34658

✓ F 34658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 25-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Grimaldo Ave St. ... Ward)

Length of residence in city or town where death occurred 93 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Ernest W Baker

(a) Residence: No. 1905 Grimaldo Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen E Baker

6. DATE OF BIRTH (month, day, year) May 30 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	83	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 0060

10. Date deceased last worked at this occupation (month, day, year) Mar 15/1936

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry Baker

14. BIRTHPLACE (city or town) (State or country) Hanover Penn

MOTHER

15. MAIDEN NAME Mary Pritchard

16. BIRTHPLACE (city or town) (State or country) Middlesex Va

17. INFORMANT Helen E Baker

(Address) 1905 Grimaldo Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date April 20, 1937

19. UNDERTAKER Charles F Todwell

(Address) 2427 Edmondson Ave

20. FILED ... Huntington Philbrook, M.D.

APR 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3-37 19 ... to 4-17-37 19 ...

I last saw him alive on 4/17/37 19 ... Death is said to have occurred on the date stated above, at 12 P.M. 12 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Insufficiency. — Date of onset now: 36

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Hulla MD M. D.

(Address) 2214 Eutaw St

M. D. P. 1268-9 O.K. - Paul Church

✓ F 34659

34659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Elmley Ave St., 8 Ward)

Length of residence in city or town where death occurred 56 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Stitz

(a) Residence: No. 3401 Elmley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Stitz

6. DATE OF BIRTH (month, day, year): March 6 1881

7. AGE: Years 56 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Patrick Kelly

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Carroll

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): John Stitz 3401 Elmley ave

18. BURIAL, CREMATION, OR REMOVAL: New Bath Cem April 9-37

19. UNDERTAKER (Address): J. S. Stem & Son 3001 Kentucky ave

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/15/37

22. I HEREBY CERTIFY, That I attended deceased from April 15 1937 to April 15 1937

I last saw her alive on April 15 1937 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	?
Coronary Occlusion	10 hrs

Other contributory causes of importance:

Cardiac Failure

Name of operation: None Date of: ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm. Jessup, M. D.

(Address) 3021 Belair Road.

F 34660 F 34660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-13

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2117 E. Monument St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman B. Pitt

If U. S. Veteran specify WAR

(a) Residence: No. 2319 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Regina Pitt

6. DATE OF BIRTH (month, day, year) —— 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Factory 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flossville Va.

FATHER

13. NAME Frederick Pitt

14. BIRTHPLACE (city or town) (State or country) Flossville Va.

MOTHER

15. MAIDEN NAME Mahan

16. BIRTHPLACE (city or town) (State or country) Mahan

17. INFORMANT Regina Pitt

(Address) 2319 E. Monument St. Cash Chase

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 4/20/37

19. UNDERTAKER Wm. J. Otten & Son

(Address) 2300-01 Kentucky Ave

20. FILED APR 13 1937 Clifton Wilbanks, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, Coroner, M. D.

(Address) 1919 E. North Ave.

M. D. P. 1269-9

34661

F 34661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richmond Dell

(a) Residence: No. 1230 N. Potomac St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Wh	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Dell.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Co

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Imhoff (Address) 6042 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Interment, Evergreen, Md. Date April 18, 1937

19. UNDERTAKER Paul Hartenstein (Address) New Freedom, Pa.

19 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18-37, 19

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937, to April 18, 1937

I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 9:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
pernicious Anemia and possible Carcinoma of jaw.	

Other contributory causes of importance:

circulatory collapse (? possible cancer of jaw)

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James Sodaro M. D.

(Address) Franklin Sq. Hospital

34662 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34662 EF

CERTIFICATE OF DEATH

95-B 21924

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Infirm Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Brown

If U. S. Veteran specify WAR

(a) Residence: No. 261 Robert Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ivor

6. DATE OF BIRTH (month, day, year) 3-5-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Davenport

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date 4/19/37 19 37

19. UNDERTAKER Archibald C. Gaddis
(Address) 2101 N. Gilmor St.

APR 19 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-16 . 1937 to 4-15 . 1937

I last saw h. alive on 4-15 . 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Luminatic Heart Disease	indefinite no of years

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kanaga M. D.

(Address) Baltimore City Hospitals

E 34663 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34663

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Calvert St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Hampe

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1711 N Calvert St., Ward.
(Usual place of abode) 42 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: William F Hampe

6. DATE OF BIRTH (month, day, year): Feb 2-1874

7. AGE: Years 63 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Lancaster Pa

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Susan Davis

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: William F. Hampe

(Address) 1711 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: April 20 1937

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. FILED: Apr 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/1/36, 19 to 4/17/37, 19

I last saw her alive on 4/6/37, 19 Death is said to have occurred on the date stated above, at 5-30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edw Sadler, M. D.

(Address) 321 E 25

F 34664

F 34664 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1402 Darley Ave Ward) 8-5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice M. Bevans If U. S. Veteran specify WAR No Record

(a) Residence: No. 1402 Darley Ave St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emma J Bevans
6. DATE OF BIRTH (month, day, year): June 10-1902
7. AGE: Years 35 Months 3 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Post Office
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. S. Govt
10. Date deceased last worked at this occupation (month, day, year): 4/17/37
11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Elmer Bevans
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Mary Potter
16. BIRTHPLACE (city or town) (State or country): Conn.

17. INFORMANT (Address): Emma J Bevans 1402 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL Place: London Park Date: April 21 37

19. UNDERTAKER (Address): Veneman Cook 1217 E Pase Street

20. FILED April 22 19 37 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14 1937 to April 18 1937
I last saw him alive on April 18 1937 Death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	4/18/37
acute Cardiac dilatation	4/18/37
Other contributory causes of importance: Mitral stenosis	not known

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Edward Norris M. D.
(Address) 107 East Wealth

F 34665

F 34665 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 N. Port St. St., 8-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Barbara Haetler

(a) Residence: No. 1809 N. Port St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced (or) WIFE of August Haetler

6. DATE OF BIRTH (month, day, year) Jan. 30 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kuhnen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry L. Haetler

(Address) 1809 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date April 19 37

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

19 ... Registrar

APR 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/ , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Paul Schenker, M. D. Coroner

(Address) 1918 E. Monument

F 34666

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34666 #22610 SF

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 4-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Hook

(a) Residence: No. 15 Kranson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenore

6. DATE OF BIRTH (month, day, year) 9/4/1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Rutter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Balto. Cem. Date 4/19 1937

19. UNDERTAKER Thos. F. Connelly Sons
(Address) Edmondson Ave

20. FILED ... 19... Registrar.

4 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-10 1937 to 4-16 1937

I last saw him alive on 4-16 1937 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 4-16-37

Other contributory causes of importance: Lobar Pneumonia — Date of onset 4-16-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenny M. D.

(Address) 1 Baltimore City Hospitals

34667

F 34667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Johnson (22438)

(a) Residence: No. 1139 Stockton St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 21, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Tommy

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nellie

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem Date 4-19

19. UNDERTAKER Chas. H. Alexander

(Address) 1336 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

APR 19 1937 Washington Avenue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to April 15, 1937

I last saw him alive on April 15, 1937 Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dew H. Feldman M. D.

(Address) Baltimore City Hospitals

F 34668

34668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22131-CM 82a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 19-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1916 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Goodman

(a) Residence: No. 1526 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 7-?-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodeph Shalom 4-19- 1937

19. UNDERTAKER Jack Lewis Inc.
(Address) 1137 E Balto St

20. FILED APR 19 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-23-1937 to 4-19-1937

I last saw h. l. M. alive on 4-19-1937 Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	4 days
Other contributory causes of importance: Cerebral Hemorrhage (Acc)	Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

34669 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34669

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. No-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isidor Lippmann

If U. S. Veteran specify WAR

(a) Residence: No. 406 S. Highland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lata Friedwicka

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Samuel Lippmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hambak

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harold Lippmann

(Address) 406 S Highland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Shet Sholom Date April 19 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St.

20. FILED 19 Registrar

APR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1937, to April 17, 1937

I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 1 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?

Other contributory causes of importance:

Congestion of Lungs	3-14-37
Terminal Bronchio-pneumonia	4-10-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — No

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

Register

Washington Philadelphia, Pa.

F 34670

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34670

95-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sr. Mary Chrysostoma O.S.F. (Mazie Backe) specify WAR .....

(a) Residence: No. St Joseph's Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 3 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Charles Backe

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Scholl

16. BIRTHPLACE (city or town) (State or country) Geneva

17. INFORMANT Records St. Joseph's Hospital

(Address) Caroline & Lanvale Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Apr 21 1937

19. UNDERTAKER Henry Hoeck Sons, Inc.

(Address) 321 E. Eager St

20. FILED ..... 19..... [illegible]

APR 19 1937 Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16 1937 to April 18 1937

I last saw her alive on April 18 1937 Death is said to have occurred on the date stated above, at 1 30 m. P

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease & Decompensation	
Other contributory causes of importance: Pernicious Bronchopneumonia 2do	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Joseph's Hospital

34671 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34671

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 50

CITY OF BALTIMORE: (No. The Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs ~~William B.~~ Marshall Eleanor Evelyn Marshall (If U. S. Veteran write "Vet." here)

(a) Residence: No. 117 N. Eutaw St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Mr Wm B. Marshall

6. DATE OF BIRTH (month, day, year) Oct 24, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 13 yrs

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Mr Mathew Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miss Ella Newell

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. William B. Marshall
(Address) 117 N. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Apr 19th, 37

19. UNDERTAKER Wm C. Buckner & Sons
(Address) N. Eutaw

20. FILED 19
Registrar

APR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to April 16, 1937

I last saw her alive on April 15, 1937. Death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis general	1935-36
Adenocarcinoma of Breast	1933

Other contributory causes of importance:

Was an operation performed? Yes Date of 1933

For what disease or injury? Cancer Breast - Adeno?

Name of operation Mastectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Leslie Tremaine M. D.
(Address) Union Memorial Hospital

34672 F 34672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH Home for Incurables — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 700 to 40 Ln St. 13-7 Ward)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rena Bentley

(a) Residence: No. 700 to 40th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 28 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 71	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John E. Bentley

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hattie Shynwood

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Emily Bentley

(Address) Home for Incurables.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Apr 20, 1937

19. UNDERTAKER Wm J. Ecker & Son

(Address) North & Pa

APR 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13 1935 to April 17, 1937

I last saw her alive on April 17, 1937 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	Apr 17. 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W W B Mayo, M. D.

(Address) Physician attending

F 34673 F 34673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. (Ward) Registered No. 12

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Rex Rodgers Naylor (Charlotte) If U. S. Veteran specify WAR

(a) Residence: No. Westwood, Maryland St., Ward. Westwood, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rex Rodgers Naylor

6. DATE OF BIRTH (month, day, year) Sept. 8, 1889

7. AGE: Years 47 Months 8 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westwood, Md.

FATHER

13. NAME Mr. John A Perrie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Miss Mittie Townsend

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mr. G. R. Naylor

(Address) Westwood, Md

18. BURIAL, CREMATION, OR REMOVAL Place Westwood, Md Date April 21, 1937

19. UNDERTAKER J. M. Duncan & Sons

(Address) Norfolk, Va

FILED APR 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1936 to April 19, 1937

I last saw her alive on April 19, 1937. Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-14-37
Malignant hypertension	1 year ago.

Other contributory causes of importance:

Bronchopneumonia	4-12-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Blood chemistry

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, what was it?

(Signed) Robert Riser M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34674 CERTIFICATE OF DEATH 48 **F 34674**

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 567 Mosher St. 14-2 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Franke If U. S. Veteran specify WAR .....

(a) Residence: No. 567 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 12, [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 60 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison Co. Va.

FATHER

13. NAME Crossens

14. BIRTHPLACE (city or town) (State or country) Madison Co Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Madison Co Va

17. INFORMANT [illegible] Lee (Address) 567 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4-20-1937

19. UNDERTAKER Wm. Geo. E. Holland (Address)

20. FILED 19 [illegible] Registrar.

APR 19 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos. Scruggs Coroner M. D.

(Address) 246 Hanover

F 34675

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34675

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 Brune St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. / mos. / ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ella R. Anderson

If U.S. Veteran specify WAR .....

(a) Residence: No. 606 Brune St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Ann

6. DATE OF BIRTH (month, day, year) Aug 27 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Ella Anderson

(Address) 606 Brune St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem Pk Date 4/20/37 19

19. UNDERTAKER Mrs Geo. N. Holland

(Address) 631 Reed Hill Ave

20. FILED 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12 1937 to April 17 1937

I last saw her alive on April 16 1937 Death is said to have occurred on the date stated above, at 10-10 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset

Other contributory causes of importance: —

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm R Edwards M.D.

(Address) 617 Lexington

22728 LB F 34676

34676 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Smith

(a) Residence: No. 121 W. West St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-6-~~1880~~ 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53 ~~56~~	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Md.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Hawkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 4/19/37

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED ..... 19..... Registrar.

APR 19 1937 ~~A. C. Fox~~ ~~Wise~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-14-1937 to 4-16-1937

I last saw h/m alive on 4-16-1937 Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of, importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 days
Other contributory causes of importance: Hypertensive Cardio-vascular Renal Disease	Unk

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34677 CERTIFICATE OF DEATH 22051-43 F 34677

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1887 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Williams

If U. S. Veteran specify WAR

(a) Residence: No. 512 East St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unk.

6. DATE OF BIRTH (month, day, year) 11-15-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PWA

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hawkinsville, Ga.

FATHER

13. NAME Lawson, Williams

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Elsie Leaf

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date April 20, 37

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brentwood Ave

[illegible] 19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-20, 1937 to 4-17, 1937

I last saw h[illegible] alive on 4-17, 1937 Death is said to have occurred on the date stated above, at 6 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 mos
Other contributory causes of importance:	
Hypertensive Cardio-vascular Renal Disease	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

F 34678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34678

1. PLACE OF DEATH Sinai Hosp 7-5 × 158 Registered No.....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mahlon Slaysman — If U. S. Veteran specify WAR .....

(a) Residence: No. California Ave St., Parkville Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/19/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		29 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Walter Slaysman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucy Yingling

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lucy Slaysman (Address) California Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem Date 4/19/37

19. UNDERTAKER Leonard J Ruhe (Address) 2305 Harford Rd

20. FILED [illegible] Registrar.

4 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/7 , 19

22. I HEREBY CERTIFY, That I attended deceased from 4/9/7 , 19 , to 4/16/7 , 19

I last saw him alive on 4/16/7 , 19 . Death is said to have occurred on the date stated above, at 8:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Undetermined	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Eglenman M. D.

(Address) Sinai Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34679 F 34679

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Bertram Haywood
U. S. Veteran specify WAR

(a) Residence: No. Frederick, Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Maria Tyler Haywood

6. DATE OF BIRTH (month, day, year): Sept 11, 1870

7. AGE: Years 66 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER
13. NAME: Thomas J. Haywood
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER
15. MAIDEN NAME: Mary B. Haywood
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Mrs T B Haywood
(Address) Route #1 Frederick Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: 4-20-37

19. UNDERTAKER: Henry W. Jenkins Sons Co
(Address)

20. FILED: APR 19 1937 [illegible], M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to April 18, 1937
I last saw him alive on April 18, 1937 Death is said to have occurred on the date stated above, at 10:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	4-18-37
Hypertension Arteriosclerosis ?	

Other contributory causes of importance:

Coronary occlusion	3-7-37

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? [illegible] an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ——, 19——
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Philip L. Hawkins M. D.
(Address) Union Memorial Hospital

M. D. B 1268-9

Ex Tidewater

F 34680 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34680

CERTIFICATE OF DEATH

Registered No. 42-6 139-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR.

2. FULL NAME Nellie M. Barker

(a) Residence: No. 3403 Pleasant Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harvey P. Barker

6. DATE OF BIRTH (month, day, year) June 26, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Pa

FATHER

13. NAME Martin Smith

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Kate Nolan

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Harvey P. Barker

(Address) 3403 Pleasant Place

18. BURIAL, CREMATION, OR REMOVAL Ea Lawn County Pittsburgh Pa Date April 19, 1937

19. UNDERTAKER Thanhouser & Co

(Address) 3615 Greenmount Ave

Registrar

APR 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	4-20-37
Tuberculosis Abscess Salpingitis	1931

Other contributory causes of importance:

Was an operation performed? yes Date of Apr 17 37

For what disease or injury? Peritonitis

Name of operation Exploratory Laparotomy Date of

What test confirmed diagnosis Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ellis Dedmon M. D.
Coroner

(Address) 1520 Eutaw Place

F 34681 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34681

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 Lindenwood Ave Ward) 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary E. Shumaker

If U. S. Veteran specify WAR.

(a) Residence: No. 1520 Linden Ave St., ... Ward.
(If sunken, place or alcove) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced
HUSBAND of
(or) WIFE of Edward C. Shumaker

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER

13. NAME John Eaton

14. BIRTHPLACE (city or town) (State or country) West Va.

MOTHER

15. MAIDEN NAME Margaret Eaton

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs. E. Shumaker
(Address) 1520 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Spring Hill Cem. Date Apr 20, 1937
Eaton Md

19. UNDERTAKER James A. Spence
(Address) Easton, Md.

20. [illegible] Apr 19 1937
Apr 20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance	
Chronic Nephritis	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) ... M. D.
Coroner

(Address)

4682 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34682

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 812 N. Gardiner St., 10-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph B. Gaines — If U. S. Veteran specify WAR

(a) Residence: No. 812 N. Gardiner St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) July 3rd 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter. 20 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Cawsman N. Gaines

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carrie G. Clarke (Address) 812 Gardiner St

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem Date April 19 1937

19. UNDERTAKER Mrs. E. H. A. Elliott & Daughter (Address) 1129 N. Caroline St.

FILED APR 19 1937 Huntington Funeral Home Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1937 to Apr 15 1937

I last saw h[illegible] alive on Apr 15 1937 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Sclerosis	?
Myocarditis	?
Chronic Pancreatitis	?

Other contributory causes of importance:

Hypertension

Terminal Pneumonia

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benson Ham M. D.

(Address) 1507 N Caroline St.

34683 ✓ F 34683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Linden & Chauncey Aves. Cloverdale Apts. St., 13th Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Adelaide F. Goetz — If U. S. Veteran specify WAR .....

(a) Residence: No. Cloverdale Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Emanuel Goetz

6. DATE OF BIRTH (month, day, year) Oct. 27, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Fleishman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME -------- Greiff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. R. Goetz,
(Address) Cloverdale Apts.

18. BURIAL, CREMATION, OR REMOVAL —
Place Heb. Friendship Gem Apr. 20, 19 37

19. UNDERTAKER Ward Sondheim & Sons
(Address) 1902 Eutaw Place

Apr 19 1937 Arrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1935 to April 18, 1937.
I last saw her alive on April 17, 1935. Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	10/37

Other contributory causes of importance:

Was an operation performed? yes Date of 10/29/37
For what disease or injury? Carcinoma Uterus
Name of operation Hysterectomy Date of 10/29/35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Emma F. Wagner, M. D.
(Address) The Esplanade

F 34684 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34684

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Curtis Squash (19710)

If U. S. Veteran specify WAR

(a) Residence: No. 914 St. Barnabas Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Pervis

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Maggie McCoy

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 19 1937 Date 19
Undertaker

19. UNDERTAKER
(Address) Par M. A. Moore

20. FILED [illegible]

8170

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1936 to April 12, 1937

I last saw him alive on April 12, 1937. Death is said to have occurred on the date stated above, at 11:25 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1934
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Lewis Feldman M. D.

(Address) Baltimore City Hospitals

34685 F 34685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 9-W Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Charles S. Ramsey Jr.

If U. S. Veteran specify WAR .....

(a) Residence: No. Belair, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Maryland

FATHER

13. NAME Charles S. Ramsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mozie Barnes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Ramsey

(Address) Belair Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Apr 19 1937

19. UNDERTAKER Partridge & Goetz.

(Address) Belair, Md.

20. FILED ... 19... Registrar

APR 19 1937

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937 to April 18, 1937

I last saw him alive on April 11, 1937. Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	4/4/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Sidney Selman M. D.

(Address) Lyndenhurst Hospital

F 34686

34686 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2313 E. Preston St. 8-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Maderick M. Bitzel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2313 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Emma E. Bitzel

6. DATE OF BIRTH (month, day, year) June 1 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
42	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Westminster Md

FATHER

13. NAME Willis C. Bitzel

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Barbara Reutter

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Emma E. Bitzel
(Address) 2313 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. April 20 1937

19. UNDERTAKER J. Lee Fielding
(Address) 2733-35 Greenmount Ave

Filed April 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9th 1937 to April 19th 1937

I last saw him alive on April 17th 1937. Death is said to have occurred on the date stated above, at 1 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 years
Other contributory causes of importance:	
Chronic Bronchitis	7 years

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Victor Fielding M. D.

(Address) 1524 N. Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34687

CERTIFICATE OF DEATH

-59

F 34687

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 S. Decker Ave St. 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara S. Sobolewski

If U. S. Veteran specify WAR

(a) Residence: No. 613 S. Decker ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Sobolewski

6. DATE OF BIRTH (month, day, year) Aug 6 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob [illegible] Balsbi

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Kubalski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lawrence Sobolewski

(Address) 613 S. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date April 20, 1937

19. UNDERTAKER Stetson & Fratkowski

(Address) 1500 E. Monument Ave

APR 19 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1937, to 4-17, 1937

I last saw her alive on 4-17, 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1934
Other contributory causes of importance:	
Myocardial Degeneration	4-16-37

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury, 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Nelle M. D.

(Address) 1500 N Edwards

M. D. B. 1268-9

✓ F 34688

34688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hospital St., 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josiah Butler

(a) Residence: No. 954 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Sweeney

6. DATE OF BIRTH (month, day, year) June 27th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Benedict, Charles Co. Md

FATHER

13. NAME Richard Butler
14. BIRTHPLACE (city or town) (State or country) St. Marys County, Md.

MOTHER

15. MAIDEN NAME Louisa Hill
16. BIRTHPLACE (city or town) (State or country) St. Marys County, Md.

17. INFORMANT Kinsell
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Bryantown Md Date 4/19 1937

19. UNDERTAKER Bruce Henley
(Address) 818 Druid Hill Ave.

9 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13th 1937 to April 17th 1937

I last saw him alive on April 17th 1937. Death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-13-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. Specify

(Signed) John L. Aubrey M. D.

(Address) Temple Court Apts.

34689

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34689

CERTIFICATE OF DEATH

43

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., W-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in ~~city~~ hospital where death occurred 1 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laurel Adkins

If U. S. Veteran specify WAR

(a) Residence: No. Berlin, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Adkins

6. DATE OF BIRTH (month, day, year) July 25, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 7-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Maryland

FATHER

13. NAME Lewis Wyatt

14. BIRTHPLACE (city or town) (State or country) Berlin Maryland

MOTHER

15. MAIDEN NAME Anna Jarvis

16. BIRTHPLACE (city or town) (State or country) Berlin Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Berlin Md Date Apr. 21 1937

19. UNDERTAKER J. H. Bunting
(Address) Berlin Md.

20. FILED APR 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936, to April 18, 1937

I last saw h[illegible] alive on April 16, 1937 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Actinomycosis of abdomen & of 2, 3, 4th lumbar vertebrae	7-1935

Other contributory causes of importance:

Was an operation performed? Numerous - about 7 Date of

For what disease or injury? Actinomycosis

Name of operation Incisions for drainage

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) George W. Kelly, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34690

CERTIFICATE OF DEATH

149BF 34690

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Gertrude Scheide

If U. S. Veteran specify WAR

(a) Residence: No. 1541 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (or) WIFE of James Scheide

6. DATE OF BIRTH (month, day, year) Sept 30 1907

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
29	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME David J. Williamson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sara J. Keith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James W. Scheide (Address) 1541 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 4/20/37 19

19. UNDERTAKER George J. Puttyon (Address) 1735 [illegible]

FILED APR 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1937 to 4-16-1937

I last saw her alive on 4-16-1937 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	4-16-37

Other contributory causes of importance:

Pregnancy - 38 wks

Was an operation performed? Yes Date of 4-16-37

For what disease or injury? Pregnancy

Name of operation Version & Forceps.

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Mercy Hospital

4691 Grade #1 F 34691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier #4 Pratt St St. 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

If U. S. Veteran specify WAR .....

(a) Residence: No. Unknown St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Unknown~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
50(?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY Date APR 19 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19 1937 ..... Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury Apr. 13, 1937

Where did injury occur Pier #4 Pratt St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Drowned

Nature of injury Probably fell overboard

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. B. Pollard M. D. Coroner

(Address) 1021 St Paul St

34692 Grave V #10 F 34692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier #1, Pratt St. St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

PUBLIC CEMETERY APR 19 1937 19

19. UNDERTAKER Commissioner of Health
(Address) Per W. S. Moore

20. FILED APR 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Drowned — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury 4/4/37

Where did injury occur? Found floating Pier #1 Pratt St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Probably fell overboard

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas. B. Kollas M. D.
Coroner

(Address) 1031 E. Pratt St

9 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

3F 5992 34693

CERTIFICATE OF DEATH

23 F 34693

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ... St., 725 ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gerald Peters

If U. S. Veteran specify WAR

(a) Residence: No. ... St., ... Ward. Canton Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliz

6. DATE OF BIRTH (month, day, year): 9-2-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Henry Peters

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Sadie Morris

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Canton Ohio. Date Apr. 20 1937

19. UNDERTAKER: Henry Stanley & Sons, Inc.

(Address) Baltimore St. & Broadway

Lesley J. Stanley

20. FILED 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937, to April 18, 1937

I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - both lungs	1937
Chronic debilitation	"
Multiple Emboli	

Other contributory causes of importance:

Was an operation performed? yes Date of 3-9-37, 4-3-37

For what disease or injury? Tuberculosis - thoracoplasty

Name of operation Thoracoplasty

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Donald Hooker M. D.

(Address) Johns Hopkins Hospital

34694

HEALTH DEPARTMENT—CITY OF BALTIMORE

34694

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Eybs

If U.S. Veteran specify WAR

(a) Residence: No. 3004 Dillon St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12 — 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) 1915 — 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Herman Eybs

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Fissing

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Albert Eybs

(Address) 3004 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Date April 20. 1937

19. UNDERTAKER J. Sanders & Sons Inc. by [illegible]

(Address) 4710 Fleet St

20. DATE RECEIVED 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1934 to April 17, 1937

I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	22 yrs
Other contributory causes of importance: Pulmonary Tuberculosis Bilateral Adhesions	16 Mos

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Finding Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herman P. Alexy M. D.

(Address) 3316 Fridaw St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34695

F 34695

CERTIFICATE OF DEATH

51-c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Mohawk Ave St., 28-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Philip Volz

(a) Residence: No. 3701 Mohawk Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie M. Volz

6. DATE OF BIRTH (month, day, year) Aug. 16, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transportation Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G Schumacher Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 52 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Volz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lillie M. Volz
(Address) 3701 Mohawk Ave

18. BURIAL, CREMATION, OR REMOVAL

Boynton Park Cem. Date Apr. 20 1937

19. UNDERTAKER (Address) Baltimore Md

Sam F. Barker

Registrar.

APR 19 1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936, to Apr 17 1937

I last saw h[illegible] alive on Apr 16 1937. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so specify .....

(Signed) [illegible] M. D.

(Address) 1900 Eastern Ave.

M. D. D 1268-J

F- 34696

34696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University hospital St. 4 W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reginald W. Ellis If U. S. Veteran specify WAR .....

(a) Residence: No. Oakland Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 13, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Robert Ellis

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Dorothy Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Robert Ellis

(Address) Oakland Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Oakland Md. Date April 21 1937

19. UNDERTAKER Hess & Co. Inc.

(Address) 1st & Paul Sts.

Fee .....

APR 21 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Laryngeal Obstruction	
	about

Other contributory causes of importance:

Was an operation performed? Yes Date of 4, 18, 1937

For what disease or injury? Laryngeal Obstruction

Name of operation Tracheotomy Date of 4, 18, 1937

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. R. Cullen M. D.

Coroner

(Address) 2757 E. Fayette

F 34697 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34697

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 E Lake ave St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Aston Smith

If U. S. Veteran specify WAR

(a) Residence: No. 419 E Lake ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wilson

6. DATE OF BIRTH (month, day, year) Mar 10 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) August 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Philip H. Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lallie Wells

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Herbert A Smith

(Address) 419 E Lake ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date April 20 1937

19. UNDERTAKER Henry H Falkinburg & Sons

(Address) McCulloh & Orchard Sts

20. FILED 19 Registrar.

9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18 1937

22. I HEREBY CERTIFY, That I attended deceased from Mch 1936 to Apl 17 1937

I last saw h[illegible] alive on Apl 17 1937. Death is said to have occurred on the date stated above, at 1130A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bone Carcinoma with General Metastases	

Other contributory causes of importance: Senility

Was an operation performed? No Date of

For what disease or injury?

Nature of operation Section of rib removed Pa

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo A Hocking M. D.

(Address) 5505 York Rd

M. D. B. 1268-9

34698

✓ F 34698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 810 W 34th St St., 9-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bryan Aleshire

If U. S. Veteran specify WAR .....

(a) Residence: No. 2535 Aisquith St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise H. Aleshire

6. DATE OF BIRTH (month, day, year) Dec 3, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Carpenter

10. Date deceased last worked at this occupation (month and year) Apr 16, 37

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Sugar Land Va.

FATHER

13. NAME Edward Aleshire

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna Knight

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Louise H Aleshire

(Address) 2535 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place National Ce Date 4/21 1937

19. UNDERTAKER Geo W. Little

(Address) 2700 Edmondson Ave.

9 1937

(Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named, held an Inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	4-18-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edl Gudenhouse, M. D.

Coroner

(Address) Coroner

34699

F 34699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave) (St.) 30-6 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Eberwein

If U. S. Veteran specify WAR .....

(a) Residence: No. 3123 Stafford St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Apl 15/1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME August Eberwein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Hamitsch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Eberwein

(Address) 3033 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Apl 21 1937

19. UNDERTAKER Harry A. Arnaudstam & Son

(Address) 4204 Ridgewood Ave

19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937, to April 19, 1937

I last saw him alive on April 19, 1937. Death is said to have occurred on the date stated above, at 7 50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular	
Renal Disease	1935
Bronchial Pneumonia	4-18-37

Other contributory causes of importance:

Varicose Ulcer of Rt. Leg.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis H. Llewelyn M.D.

(Address) St. Agnes Hospital

F 34700

F 34700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital

Registered No. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Oliver R. Loomis.

(a) Residence: No. 1203 William St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married, widowed, or~~ HUSBAND of (or ~~WIFE of~~) Gertrude G. Loomis.

6. DATE OF BIRTH (month, day, year) October 29, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warwick. Chester Co. Pa.

FATHER

13. NAME Jacob K. Loomis.

14. BIRTHPLACE (city or town) (State or country) Elverson, Pa.

MOTHER

15. MAIDEN NAME Elizabeth Richards.

16. BIRTHPLACE (city or town) (State or country) Chester Co. Pa.

17. INFORMANT Elsie M. King.

(Address) 111 Patapsco Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pottstown, Pa. Date 4/22 19 37

19. UNDERTAKER Morgan & Flynn

(Address) 1422 Light St.

APR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Accidental fall from steps.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/14/37

Where did injury occur? 1203 William St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Fall from steps.

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D. Coroner

4/19/37 Address 1017 S. Charles St.

V S 6

34701 F 34701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22732 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 15 E. Lafayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-15-1860

7. AGE Years 76 | Months 7 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Baltimore, Md.

12. BIRTHPLACE (city or town) (State or country) Colney ?

FATHER

13. NAME Ireland

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Julian Cunigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records James J. McGuigan

(Address) 15 E Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 20 37

19. UNDERTAKER Albert W Dorsey

(Address) 440 E north Ave

APR 20 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-14 37, 19 to 4-16 37, 19

I last saw h. alive on 4-16 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia (Primary)	4-9-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34702

CERTIFICATE OF DEATH

23 F 34702

Registered No. 1-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alexander Czorapinski (5148)

(a) Residence: No. 721 S. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 9, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date April 22, 1937

19. UNDERTAKER George A. Weber
(Address) 705 S. Broadway

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1935 to April 19, 1937

I last saw him alive on April 19, 1937 Death is said to have occurred on the date stated above, at 11:45 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1932

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lewis H. Feldman M. D.

(Address) Baltimore City Hospitals

APR 27 1937

4703

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34703

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 N Gilmore St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Lough

(a) Residence: No. 507 N Gilmore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Lough

6. DATE OF BIRTH (month, day, year) Mar 9 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	57	1 0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Jennie Lough

(Address) 507 Gilmore St

18. BURIAL, CREMATION, OR REMOVAL

Mt Calvary Cem Date 4/21 1937

19. UNDERTAKER Edmund P Kenealey

(Address) 818 Eutaw Pl

19a. DATE OF FILING APR 20 1937 19 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came

(Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 18 '37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James E Cullen M. D.

Coroner

(Address) 58 E Lexington St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34704

CERTIFICATE OF DEATH

F 34704

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1357 Fremont Ave St., (or Ward) 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Queen

If U. S. Veteran specify WAR .....

(a) Residence: No. 1357 Fremont Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Maggie Queen

6. DATE OF BIRTH (month, day, year) May 8-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Prince Geo Md

FATHER

13. NAME Nathan Queen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bettie ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Maggie Queen

(Address) 1357 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westernport Cemetery Date April 20 1937

19. UNDERTAKER G. E. Polson

(Address) 1223 Preston or St

20. FILED APR 20 1937 Huntington Williams, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 17 1937
Other contributory causes of importance: Nephrosclerosis Arteriosclerotic	Feb 1 1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen M. D.

Coroner

(Address) 5 W Fayette St

34705

324818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34705

CERTIFICATE OF DEATH

✓138

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Dennongson

(a) Residence: No. 1003 E. Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Yellow	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Dennongson

6. DATE OF BIRTH (month, day, year) 8-6-70?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	10 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. about 15 yrs

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Canton China

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Apr 21 19 37

19. UNDERTAKER Robt Or B. M. Wells
(Address) Pratt & Stricker Sts

20. FILED APR 23 1937 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 3 - 1937, to April 18, 1937

I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
multiple abscesses gen. of labia pubis and leg. (Gamma staphococcus staphylococcus) septicemia (gram staphylococcus)	1/1/37
Other contributory causes of importance:	over

Was an operation performed? Yes Date of 4/18/37

For what disease or injury? Abscess pubis and genitalia

Name of operation Incision and drainage

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Donald Hooker M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34706

CERTIFICATE OF DEATH

92-F 34706

1. PLACE OF DEATH

Registered No. 97-18

CITY OF BALTIMORE: (No. 3620 Belvedere Avenue St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marcus Lee White, Sr.,

If U. S. Veteran specify WAR

(a) Residence: No. 3620 Belvedere Avenue. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male M	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Leila C. White

6. DATE OF BIRTH (month, day, year) Sept 22nd 1884

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	52	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co.,

10. Date deceased last worked at this occupation (month and year) Jan 1930

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

FATHER

13. NAME James Levin White

14. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

MOTHER

15. MAIDEN NAME India Wallace

16. BIRTHPLACE (city or town) (State or country) Somerset Co., Md.

17. INFORMANT Mrs L. C. White
(Address) 3620 Belvedere Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date April 20th 37

19. UNDERTAKER [illegible]
(Address) [illegible]

APR 20 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 1937 to April 18 1937

I last saw h[illegible] alive on April 17, 1937. Death is said to have occurred on the date stated above, at 8.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
Chronic Interstitial Heart Disease	1930
Other contributory causes of importance:	
Senility	Jan. 1937

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert Cathcart, M. D.

(Address) 1216 E. Preston St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

34707

CERTIFICATE OF DEATH

93-E F 34707

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Ramsay Rd St., 07 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John William Sleems

If U. S. Veteran specify WAR .....

(a) Residence: No. 5503 Ramsay Road St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alma Sleems

6. DATE OF BIRTH (month, day, year) July 16-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Thread spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) 9-27

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Sleems

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown Downey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Alma Sleems

(Address) 5503 Ramsay Road

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem Date Mar 20 1937

19. UNDERTAKER J. Wm. Dieffenderfer

(Address) Baltimore Md

MAR 20 1937 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schenker . M. D.

Coroner

(Address) 1912 E. North Ave.

Mary E Wooden

34708 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34708

CERTIFICATE OF DEATH 17316-C 8-82-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 19-7 Ward) Registered No. 34708

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. Life

2. FULL NAME Mary Wooden — If U. S. Veteran specify WAR

(a) Residence: No. 1519 W. Lexington Sts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James (D)

6. DATE OF BIRTH (month, day, year) 5-23-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67 ~~57~~ 48	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Peyton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Diana White

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hosp's.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Apr 20, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

APR 23 1937 ... Lexington ... Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-16, 1936, to 4-17, 1937

I last saw h.. alive on 4-17, 1937 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4-16-37
Other contributory causes of importance: Cerebral Thrombosis	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34709

CERTIFICATE OF DEATH

27-B F 34709

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) St., (Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Jones

If U. S. Veteran specify WAR

(a) Residence: No. 918 N Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 31, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	18	17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ~~Gilbert Jones~~ Maryland

FATHER

13. NAME Albert Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Green

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elvira Jones Aunt

(Address) 918 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL Place Dawsonville Md. Date April 21 1937

19. UNDERTAKER Chas E Cookus

(Address) 3141 N. Calhoun St

APR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/6/37, 19 to 4/18/37, 19

I last saw h.e alive on 4/18/37, 19. Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of left hip	
Rheumatic C.V. Disease	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/16/37.

For what disease or injury? Tbc of left hip

Name of operation Fusion of Left Hip

What test confirmed diagnosis? Xray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Warren Albuellar M. D.

(Address) Univ Hospital

Dr Smith
4321 Hartford Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34710 F 54710

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4320 Walther Blvd St., 27-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise J. Myers

(a) Residence: No. 4320 Walther Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Philip Myers

6. DATE OF BIRTH (month, day, year) March 19th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	0	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Louis Eckhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Leaty

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles P. Myers
(Address) 502 Jeffrey St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4/21/37 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

APR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to April 18, 1937

I last saw h~~e~~ alive on April 15, 1937 Death is said to have occurred on the date stated above, at 6.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Myocarditis	
Pyelonephritis Nephritis,	
Coronary Sclerosis	
Myocarditis	
Other contributory causes (Complications)	
Arterio Sclerosis	
Diabetes	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas Smith, M. D.

(Address) 4706 Harford Road

Washington Pittsburgh, Pa. 4/19/37

F 34711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-D F 34711

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 Hudson St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matthew L. Burns

If U. S. Veteran specify WAR

(a) Residence: No. 2936 Hudson St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie Burns.

6. DATE OF BIRTH (month, day, year): June 12th 1889

7. AGE: Years 47 | Months 10 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Employee of Standard Oil Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Mark Burns

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Elenora Mallon.

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Minnie Burns.

(Address) 2936 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date 4/21 1937

19. UNDERTAKER: Kelly & Zeller

(Address) 403 N. Gay St.

FILED APR 20 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 1937 to Apr 18 1937

I last saw h[illegible] alive on Apr 18 1937 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right testicle	
2. ulcerating metastasis	
3rd inguinal [illegible] glands	
Myocardial Failure	Apr 18 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Path Examn Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? None. If so, specify .....

(Signed) E. A. Schumunk, M. D.

(Address) 842 S. East Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34712

CERTIFICATE OF DEATH

92-a F 34712

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1811 S. Charles St. (Ward) 23-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie F. Joyce

If U. S. Veteran specify WAR

(a) Residence: No. 1811 S. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Thos. Joyce

6. DATE OF BIRTH (month, day, year): May 6, 1862

7. AGE: Years 74 | Months 11 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: John W. Gregory

14. BIRTHPLACE (city or town) (State or country): Balto Co., Md

MOTHER

15. MAIDEN NAME: Margaret McCloy

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: John F. Joyce

(Address) 1811 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 4/22, 1937

19. UNDERTAKER: Margaret G. Flynn

(Address) 1722 Light St.

APR 20 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1937, to April 19, 1937

I last saw HER alive on April 19, 1937. Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Mitral Regurgitation (Contrib.)	
Other contributory causes of importance: Exhaustion	4/18/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, state how

(Signed) R. K. Campbell M. D.

4/19/37 (Address) 1644 Hanover St.

M. D. P. 1268-9

F 34713 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 462 F 34713

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 E. 38 St. 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Michael De Pasquale

(a) Residence: No. 609 E. 38 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. De Pasquale

6. DATE OF BIRTH (month, day, year) Feb. 6, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sarnia, Italy

MOTHER FATHER

13. NAME Angelo De Pasquale

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary A. Bonanno

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John De Pasquale

(Address) 4037 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/21 1937

19. UNDERTAKER Richard F. Cluster F.D. Inc.

(Address) 1361 Lorraine Ave. Huntington Woods, Md.

APR 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. . 1936 to April 19, . 1937

I last saw him alive on April 17, . 1937. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pylorus.	?

Other contributory causes of importance:

Name of operation X-ray Done Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank A. Martine M. D.

(Address) 4037 Falls Road

F34714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 F34714

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 N. Milton Ave St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Maasch

(a) Residence: No. 534 N. Milton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Ernest W. Maasch

6. DATE OF BIRTH (month, day, year) Sept. 11 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Maasch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Jahn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. E. Maasch

(Address) 534 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Fern. Date April 19 37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eutaw St

FILED 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28 . 1937, to April 17 . 1937

I last saw her alive on April 17 . 1937. Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Bronchitis
Sig & Infirmities

Date of onset

Other contributory causes of importance:

Myocarditis & Infirmities

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A P Carman M. D.

(Address) 1701 N Caroline St

F 34715

34715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balt City Hospitals St., 14-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Margaret Frederick (Frederick) U. S. Veteran (Specify WAR .....)

(a) Residence: No. 328 S. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob H

6. DATE OF BIRTH (month, day, year) Aug 9, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: formerly housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas Dowling
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ann Doggan
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles F. Frederick (Son)
(Address) 328 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudown Park Date 4/21/37

19. UNDERTAKER Harry H. Switzke
(Address) 4101 Edmondson Ave

20. APR 20 1937 Registrar for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	
Other contributory causes of importance: Hypostatic pneumonia	

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation. ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 29 1937
Where did injury occur? Balto Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home
Manner of injury fell off a chair
Nature of injury fractured femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner
(Address) 1010 S. Edwards Ave

V S 6

City of Baltimore

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH — F 34716 — 95 F B 34716

County ... Registration Dist. No. ...

Village or City 2312 Arlington Ave No. 27-7 St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. Schorr

(a) Residence: No. 2312 Arlington Ave Ward. No War Record

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year): Aug 24th 1856

7. AGE: Years 80 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: at Home

10. Date deceased last worked this occupation (month and year): May 1937

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Friedrich Schorr

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Magdalena Dannenfelser

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Katherine Bauer

(Address) 2312 Arlington Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 22nd 1937

UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: 4 (Month) 19 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/1/1937 to 4/19/1937

I last saw h.er alive on 4/19/1937, death is said to have occurred on the date stated above, at 5 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	4/1/37

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Charles H Reuer M. D.

(Address) 6701 York Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34717

CERTIFICATE OF DEATH

93-F 34717

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 Montpelier St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mamie E. Wilson

(a) Residence: No. 909 Montpelier St., Ward.
(Usual place of abode) Town
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Greenbury Wilson

6. DATE OF BIRTH (month, day, year) June 8th 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	3 10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Patrick Cullen

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ? Gourley

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Alice Wilson
(Address) 909 Montpelier

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date April 21 1937

19. UNDERTAKER William Cook
(Address) 1215 St Paul St

20. FILED APR 20 1937 Huntington Pitts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 27 1937 to April 18, 1937

I last saw her alive on April 18, 1937 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneum & Cerebral Embolism	3/17/37 3/28/37

Other contributory causes of importance:

Chronic Myocarditis & Hypertension	(?) (?)

Was an operation performed? No Date of X X X

For what disease or injury? X X X X

Name of operation X X X X

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury NONE 19

Where did injury occur? NONE
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place NONE

Manner of injury NONE

Nature of injury NONE

24. Was disease or injury in any way related to occupation of deceased? NONE If so, specify NONE

(Signed) Edw H Dukes M. D.

(Address) 9286 Liberty Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34718

CERTIFICATE OF DEATH

✓ 106 F 34718

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Edgewood St., 16-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs., ... mos. ... ds.

2. FULL NAME Louis Schaefer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 622 Edgewood St., ... Ward. ...
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma J. Schaefer

6. DATE OF BIRTH (month, day, year) June 5 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Market Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Mkts

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 5 Yr

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George C Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie E Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William H Schaefer

(Address) 622 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date April 21 1937

19. UNDERTAKER McElligin Cook

(Address) 1217 St Paul Street

20. FILED ... 19... Huntington Pittman

APR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937 to April 18, 1937

I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Myocardial Failure	April 14
Other contributory causes of importance:	
Chronic Bronchitis	?
Asthma	?

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leo F. Tenbeck M. D.

(Address) 1205 Eutaw Pl. Apt 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34719 ✓ F 34719

CERTIFICATE OF DEATH

Registered No. 459

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 E. 22nd St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Lulu Sherman

If U. S. Vet. specify WAR No Record

(a) Residence: No. 429 E. 22nd St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George W. Sherman
6. DATE OF BIRTH (month, day, year): Jan 9 1879
7. AGE: Years 58; Months 3; Days 10; If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0057
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bath Md

FATHER
13. NAME: Joseph Birch
14. BIRTHPLACE (city or town) (State or country): England

MOTHER
15. MAIDEN NAME: Mary E Connor
16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT (Address): Mrs Bessie Amos 429 East 22nd St

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: April 22 37

19. UNDERTAKER (Address): Wm Lewis Loos 217 S Paca St

APR 20 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937, to April 19, 1937

I last saw her alive on April 18, 1937. Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/2/37

Other contributory causes of importance:

Diabetes Mellitus
Chronic Nephritis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury no injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) E Gill Hall, M. D.

(Address) 1631 E North Ave

22252 EB

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34720

CERTIFICATE OF DEATH

23 F 34720

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 12-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Jack

If U. S. Veteran specify WAR No Record

(a) Residence: No. 202 E. 20th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-16-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Oliver Jack

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Newman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's (Hampden) Date April 21st 1937

19. UNDERTAKER Lorz Brook

(Address) 1209 St Paul St

APR 20 1937

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1937, to 4-18, 1937

I last saw her alive on 4-18, 1937. Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	3-1-37
over	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R B Jaeger M. D.

(Address) Baltimore City Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34721

CERTIFICATE OF DEATH

F 34721

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3702 Dorall Ave (Ward) 15-8-93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 7 mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John N. Hill

If U.S Veteran specify WAR ...

(a) Residence: No. 3702 Dorall Ave., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nannie A. Hill

6. DATE OF BIRTH (month, day, year) May 9-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

FATHER

13. NAME John N. Hill

14. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

MOTHER

15. MAIDEN NAME E. Ann Taylor

16. BIRTHPLACE (city or town) (State or country) Snow Hill Maryland

17. INFORMANT William Hill
(Address) Wilmington Del.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cem-Snow Hill Md April 21/37
Place Date

19. UNDERTAKER T. R. Tilghman & Son
(Address) 300 Eutaw Place

APR 20 1937 H. C. Jones Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

I HEREBY CERTIFY, That I attended deceased from April 10/37 19... to April 17/37 19...

I last saw him alive on April 17/34 19... Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Myocarditis	
Terminal Hypostasis	12 hrs
Acute edema of Lungs.	
Other contributory causes of importance:	
Cardiosclerosis	Indefinite
(Hardening of Arteries)	

Was an operation performed? ✓ Date of ✓

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? •

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

Henry C. Hayes M.D.
1922 Hillen Rd
(Address) M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34722 34722

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2715 E. Baltimore St., 20 Ward) 20-182-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustav Diedenkopf

If U. S. Veteran specify WAR

(a) Residence: No. 2715 E. Baltimore St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 22-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Lab

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Meat Packing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Gus Diedenkopf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Quade

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Diedenkopf
(Address) 2715 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 20 1937

19. UNDERTAKER J. B. Tilghman & Son
(Address) Cockeysville Md.

20. FILED APR 20 1937 Acting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1937 to April 16, 1937

I last saw h. alive on April 16, 1937 Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/13/37
Other contributory causes of importance: Terminal Bronchopneumonia	4/15/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Isaac H. Ziegler M. D.
(Address) 204-8 Medical Arts Bldg

KleePISCH

F 34723 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81 F 34723

1. PLACE OF DEATH Home for Incurables 12-7

Registered No. A

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johanna D. Kleefisch

If U. S. Veteran specify WAR .....

(a) Residence: No. Home for Incurables St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 11 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John H Kleefisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Muller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Home for Incurable records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date April 22 1937

19. UNDERTAKER J. Bouchard & Son

(Address) Westminster, Md.

20. FILED APR 23 1937 Hunter [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, 19..., to April 20, 1937

I last saw her alive on April 19, 1937. Death is said to have occurred on the date stated above, at 6 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Progressive Muscular Atrophy	?
Other contributory causes of importance:	
Intestinal obstruction	4-17-37

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Conrad Acton M.D.

(Address) Home for Incurables

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34724

CERTIFICATE OF DEATH

95-8 F 34724

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 S. Highland Ave 26-9 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hopf

If U.S. Veteran specify WAR ....

(a) Residence: No. 1109 S. Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Hopf

6. DATE OF BIRTH (month, day, year) May 23-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Grinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 10 25 36 yr. 1086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME John Hopf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Barbara Hopf

(Address) 1109 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date April 23 37

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St

20. FILED Huntington Williams, M.D.

0 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... to ... I last saw h... alive on April 19, 1937 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Data of onset

Cardiac Hypertrophy

Other contributory causes of importance:

acute Cardiac dilatation

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [redacted] If so, specify

(Signed) H. M. Wright M. D.

(Address) 1010 S. Elwood Ave.

Rev.—12-23-21—E.B.P.S.—400 Exs.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34725

CERTIFICATE OF DEATH.

131 F 34725

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2853 Prospect St. St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Peter Nelson

(a) Residence No. 2853 Prospect St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., If of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Married

6-If married, widowed, or divorced (HUSBAND of) WIFE of: Fannie H. Nelson

7-DATE OF BIRTH (month, day and year): April 12, 1848

8-AGE. 89 yrs. mos. 4 ds. If LESS than 1 day, hrs. or min.?

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Oyster Dredger

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10-BIRTHPLACE (city or town) (State or Country): Copenhagen Denmark

PARENTS

10-NAME OF FATHER: Unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Denmark

12-MAIDEN NAME OF MOTHER: Unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Unknown

14- (Informant): Fannie H. Nelson

(Address): 2853 Prospect St

15- 20 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 17, 1937

17- I HEREBY CERTIFY, That I attended deceased from July 1 1936 to April 16, 1937.

that I last saw him alive on April 16 1937

and that death occurred, on the date stated above, at 5:20 A.M.

The CAUSE OF DEATH* was as follows:

Edema of lungs

(Duration) yrs. mos. 2 ds

CONTRIBUTORY (Secondary) Ch. hypertension and myocardial degeneration and Ch. nephritis (Duration) yrs. 8 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual signs.

(Signed) Geo E. Wells, M.D.

19 (Address) 4100 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Pinney Run — DATE OF BURIAL: Apr 20, 1937

20-UNDERTAKER. George W. Zickler — ADDRESS 1737 E. Eager St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34726 — 82-4F 34726

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Fait Ave St. 76-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Law

If U.S. Veteran specify WAR

(a) Residence: No 3708 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John C. Law

6. DATE OF BIRTH (month, day, year) February 2, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: George Rothe

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Margaret Keel

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Elva E. Law

(Address): 3708 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place 1st. Evang. Cemt. Date Apl. 21 37

19. UNDERTAKER: George W. Zinkler

(Address): 1737 E. Eager St.

FILED 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from November, 1936 to April 18, 1937

I last saw her alive on April 17, 1937 Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1936
Cerebral Hemorrhage	4/14/37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. E. Kuipelmeister M. D.

(Address) 2739 Eastern Ave.

E 34727

E 34727 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 E. Preston Street St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY ANN MORSELL

(a) Residence: No. 732 East Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Morsell

6. DATE OF BIRTH (month, day, year) Jan. 1, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md/

FATHER

13. NAME Owen Donegan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Virginia Stevens

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Miss Alice Donegan

(Address) 732 East Preston Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Apr. 21 19 37

19. UNDERTAKER Chas F. Mans & Son

(Address) 118 W. Mt. Royal Ave

20. FILED ..... 19..... Registrar.

APR 23 1937 [illegible] M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 1927 19.. to Apr 18 1937

I last saw her alive on April 18 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Day
Other contributory causes of importance:	
Arteriosclerosis	?
Chronic Nephritis no	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Autopsy Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 1114 Hollins

F 34728

34728 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No. 9743

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Evelyn N. Middelton

(a) Residence: No. 2503 Albion Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward L. Middelton

6. DATE OF BIRTH (month, day, year) August 28, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Walter M. Jones

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Myrtle Robb

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Edward L. Middelton
(Address) 2503 Albion Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date April 21 1937

19. UNDERTAKER P. P. Cook
(Address) 1003 N. Baltimore St.

20. FILED 4-21 1937 H. E. Lingan Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/27/37, 19 to 4/21/37, 19

I last saw h alive on 4/21/37, 19 Death is said to have occurred on the date stated above, at 7:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetragen. Encephalitis	3/27/37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Jacob A. Kantz, M. D.

(Address) Md. Gen. Hosp.

F 34729 ✓ F 34729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 16-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Harlem Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Marion Masson

(a) Residence: No. 2305 Harlem Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby L. Masson

6. DATE OF BIRTH (month, day, year) August 20, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) 40 years

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George F. Masson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Susan Adams

16. BIRTHPLACE (city or town) (State or country) Gloucester County Virginia

17. INFORMANT Mrs. Ruby L. Masson

(Address) 2305 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 20, 1937

19. UNDERTAKER Joseph H. Koob

(Address) 1003 W. Baltimore St.

20. FILED APR 20 1937 Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to April 17, 1937

I last saw him alive on April 15, 1937. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Coronary Embolism — Date of Onset 4/17/37

Other contributory causes of importance: Myocarditis Arteriosclerosis Chronic Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James H. Katzenberger M. D.

(Address) Medical Arts Bldg.

34730

HEALTH DEPARTMENT—CITY OF BALTIMORE

34730

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No.) Payson Ave + Dukeland (St.) 167 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 60 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Wilson

If U.S. Veteran specify WAR .....

(a) Residence: No. 2715 Baker St., ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Robert Wilson

6. DATE OF BIRTH (month, day, year) Nov 1, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, saw) ... bookkeeper, etc. Retired (Home)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Budapest, Hungary

MOTHER FATHER

13. NAME Peter Kramer

14. BIRTHPLACE (city or town) (State or country) Budapest, Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary Whitaker.

(Address) 2715 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/21/37.

19. UNDERTAKER M. J. Radzinski Home

(Address) 802 Eastern Ave.

APR 20 1937 Huntington, Indiana, ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12th . 1937 to April 18th . 1937

I last saw her alive on April 18 . 1937. Death is said to have occurred on the date stated above, at 4.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular-renal disease	5 yrs ?
Cardiac decompensation	Apr. 1-37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. S. Gimbel, M. D.

(Address) West Balto. General Hosp.

34731

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34731

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1173 Myrtle St. Ward 47-2

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mary R. Lawson

If U.S. Veteran specify WAR

(a) Residence: No. 1173 Myrtle Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joshua Lawson

6. DATE OF BIRTH (month, day, year): 1/16/86

7. AGE: Years 47 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: John B. Duncan

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Ethel Collins

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Joshua Lawson

(Address) 1173 Myrtle

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date 4/21, 1937

19. UNDERTAKER: Samuel H. Glasgow Inc.

(Address) 624 N. Eutaw

20. FILED APR 20 1937

Clayton Williams M.D. (City)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/11/37, 19 to 4/18/37, 19

I last saw him alive on 4/18/37, 19 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis 3 1/2 hrs. — Date of onset: 4/18/37

Other contributory causes of importance:

Bronchopneumonia about 4 days 4/18/37, 1 P 33 + 102 for 3 weeks

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clayton Williams M. D.

(Address) 1173 Myrtle

34732 HEALTH DEPARTMENT—CITY OF BALTIMORE 34732

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1732 N. Appleton St (Ward) 45

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Rebecca Rosenberg

(a) Residence: No. 1732 N. Appleton St Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran

specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Morris Kirschenbaum

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dora

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Paul Meyerberg

(Address) 1732 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Mash. Blvd Date 4/20/37

19. UNDERTAKER Jack Lewis Inc.

(Address) 1432 E. Baltimore St.

19a. FILED APR 20 1937 Huntington Williams, M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11:30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
Other contributory causes of importance	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

✓ F 34733

34733 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

178-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2704 W. North Ave. Ward 15-6)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry W. Hahn

If U. S. Veteran specify WAR

(a) Residence: No. 2704 W. North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Hahn,

6. DATE OF BIRTH (month, day, year) Jan 8, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry W. Hahn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Brackenbush

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry W. Hahn
(Address) 2704 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 1-22-37

19. UNDERTAKER Fred A. Krause & Son
(Address) 1216 N. Charles St.

20. 1937 Washington Ave, Registrar

V 86

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated at 10 am,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 19. 1937

Where did injury occur? 2704 W. North ave,
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Escaping gas from a kitchen range failure to light when turned on

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Wagner Coroner M. D.
Coroner

(Address) 2216 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34734

CERTIFICATE OF DEATH

115-F 34734

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1639 Clifton Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Edward Duangueau

If U. S. Veteran specify WAR

(a) Residence: No. 1639 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 13 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward J Duangueau

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Marie Boyle

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Duangueau
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Roseland M. Cem. April 19 1937

19. UNDERTAKER John Ulrich
(Address) 2008 Eastern Ave

20. APR 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to April 19, 1937

I last saw h alive on April 19 1937 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	4-18-37
Acute pharyngitis	4-18-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Terry Bunger M. D.

(Address) 104 W. Madison St.

F 34735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-cF 34735

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Fenwick St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Horace G. Ford

(a) Residence: No. 2720 Fenwick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella A. Ford

6. DATE OF BIRTH (month, day, year): Feb. 28 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Auto Acces.

10. Date deceased last worked at this occupation (month and year): 5 mos. ago

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Somerset Co., Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Ella A. Ford 2720 Fenwick

18. BURIAL, CREMATION, OR REMOVAL Place: Parkwood Date: April 21, 1937

19. UNDERTAKER (Address): John Ulrich 2906 Orleans St.

Filed APR 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30-1937 to 4-19-1937

I last saw h. alive on 4-18-1937 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	Unknown

Other contributory causes of importance:

Was an operation performed? Yes Date of 11/20/36

For what disease or injury? Carcinoma colon

Name of operation: Colostomy

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. B. Sybert M. D.

(Address) 2802 Harford Ave

Concetta Zappulla

E 34736 HEALTH DEPARTMENT—CITY OF BALTIMORE E34736

66-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Concetta Zappulla If U. S. Veteran specify WAR .....

(a) Residence: No. 206 Eden St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 21 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Benny

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Gaetano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date April 20 1937

19. UNDERTAKER Mendell & Heppe

(Address) 406 S. Gilmor St.

20. FILED APR 20 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15 1937 to April 18 1937

I last saw him alive on April 18 1937. Death is said to have occurred on the date stated above, at 10.57 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	
Other contributory causes of importance:	
Cardiac decompensation	1 day

Was an operation performed? Yes Date of April 17 1937

For what disease or injury? Pyelonephritis

Name of operation Left nephrostomy

What test confirmed diagnosis? B.M.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Tague M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34737

CERTIFICATE OF DEATH

194 F-a 34737

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Marie Berger

If U. S. Veteran specify WAR .....

(a) Residence: No. 2201 Annapolis Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 18 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Berger

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie Robar

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Edward Berger
(Address) 2201 Annapolis Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Cemetery Date 4-21-37

19. UNDERTAKER Fred A. Young & Son
(Address) 2 E. Chase St

20. FILED APR 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Act Date of injury 4/19/37

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Woolworths 5 & 10, East St. Balto Md.

Manner of injury Swallowed crust of bread

Nature of injury Choked on bread

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Elmer B. Wallace M. D.
Coroner

(Address) 1021 St. Paul St

34738 F 34738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eleonora Monaco

(a) Residence: No. 2 E. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 966

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York N.Y.
(State or country)

FATHER

13. NAME Liberato Monaco

14. BIRTHPLACE (city or town) Campagna
(State or country) Italy

MOTHER

15. MAIDEN NAME Josephine Granite

16. BIRTHPLACE (city or town) Campagna
(State or country) Italy

17. INFORMANT Liberato Monaco (Father)
(Address) 2 E. Montgomery

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Apr. 21 19 37

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St.

20. FILED 19 Registrar

4-21-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1918 E. North Ave.

V S 6

F 34739

34739 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 14-2 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Nesbitt
If U.S. Veteran specify WAR.....

(a) Residence: No. 1510 Division St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-18-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Luther Nesbitt
14. BIRTHPLACE (city or town) (State or country) Spartanburg S.C.

MOTHER
15. MAIDEN NAME Viola Knox
16. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] MEDICAL SCHOOL Date APR 20 1937, 19

19. UNDERTAKER Commissioner of Health
(Address)

APR 20 1937

Per H. A. Moore
Registrar of Vital Statistics

5172

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-18- , 1937, to 4-19- , 1937
I last saw him alive on 4-19- , 1937. Death is said to have occurred on the date stated above, at 1 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature - 1 hrs.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Geo. H. Lamm M. D.
(Address) Provident Hosp

F 34740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Stephen Mathais

(a) Residence: No. 704 N. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Florence Mathais

6. DATE OF BIRTH (month, day, year) March 15 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 8050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austro-Slovakia

FATHER

13. NAME Joseph Mathais

14. BIRTHPLACE (city or town) (State or country) Austro-Slovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Florence Mathais

(Address) 704 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Apr. 21 1937

19. UNDERTAKER Frank Lvach & Son

(Address) 180 Lakeland Ave

20. FILED Apr 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

M. D. B. 1268-9

34741 (Veitt) HEALTH DEPARTMENT—CITY OF BALTIMORE F 34741

CERTIFICATE OF DEATH

1603

1. PLACE OF DEATH University Hospital Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 20 S. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Hiett

(a) Residence: No. 228 Mt Olivet Lane Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 17, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Arrie Griffith Hiett

14. BIRTHPLACE (city or town) Dawes (State or country) W. Va.

MOTHER

15. MAIDEN NAME Marguerite Estelle Twigg

16. BIRTHPLACE (city or town) Cumberland (State or country) Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 4/21/37 19

19. UNDERTAKER Harry H Wilkes

(Address) 3101 Edmondson Ave

20. 1937 Huntington Avenue, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937 to April 19, 1937

I last saw her alive on April 19, 1937 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	April 17
Pneumonia	

Other contributory causes of importance: — —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Hugh B. McNally M. D.

(Address) Univ. Hosp.

Dr. Robt L. Mitchell
2112 Maryland Ave.

34742 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34742

CERTIFICATE OF DEATH

94-B

Registered No. 27-20

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6619 Park Heights Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Etta G. Brown

(a) Residence: No. 6619 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Sewall Brown

6. DATE OF BIRTH (month, day, year) Feb. 7th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Island Canada

FATHER

13. NAME William Burditt

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Sewall Brown
(Address) 6619 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Forrane Cemetery Date 4/22/1937

19. UNDERTAKER E. J. Fanning & Son
(Address) 1931 E. Fayette Ave.

20. FILED Huntington Philadelphia
20 1937 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from August 7th 1936 to April 19th 1937

I last saw h. W. alive on April 18th 1937. Death is said to have occurred on the date stated above, at 4th a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1935
Other contributory causes of importance: Coronary Thrombosis	4/16/37

Was an operation performed? ✓ Date of

For what disease or injury? ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt. L. Mitchell M. D.

(Address) 2112 Maryland Ave

F 34743

4743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH S & K Meat Packing Plant

CITY OF BALTIMORE: (No. Baltimore & Eaton Sts. St., 7-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Sour

(a) Residence: No. 724 N. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie M

6. DATE OF BIRTH (month, day, year) Feb 2 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Skilled laborer 40
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing Plant Sabel Leaf Kettle Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Fannie M. Sour (Address) 724 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date April 23 1937

19. UNDERTAKER Henry H. Arnscott & Son (Address) 4204 Edgewood Ave

20. FILED APR 20 1937 Eugene Feithens, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Coronary embolism

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N. W. Wright M. D.
Coroner

(Address) 810 S. Edwards Ave

F 34744

34744 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 N. Caroline Street, 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John T. Hennessey

(a) Residence: No. 1624 Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine V. Heaphy

6. DATE OF BIRTH (month, day, year) June 2nd 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk Baltimore City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Hugh Hennessey

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Helen O'Donnell

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Helen Fay
(Address) 1624 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 21, 1937

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED 19 Registrar.

APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 32 to April 18, 1937

I last saw him alive on April 16, 1937 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Hypocardiac and Decompensation	1932
Other contributory causes of importance: Arterio Sclerosis	?
Chr. Intes. Nephritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William R. Enright M. D.

(Address) 10 E. Biddle St

34745

F 34745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 E North Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles J Mackin

(a) Residence: No. 1128 E North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth A. (Clark)

6. DATE OF BIRTH (month, day, year) January 27th, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Francis F. Mackin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine M. Dailey

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Elizabeth A. Mackin

(Address) 1128 E. North Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date April 21, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

APR 21 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19.. to April 17, 1937

I last saw him alive on Apr 17, 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12 yrs
Other contributory causes of importance:	
Oedema of Lung	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reginald J. Tomb, M. D.

(Address) 4142 North Ave

F 34746

34746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5603 Liberty Hghts St. 8-7 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Verna Quante

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5603 Liberty Hghts St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm C. Quante

6. DATE OF BIRTH (month, day, year) Feb 2nd 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Selma Ala

FATHER

13. NAME George Trott

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Robt T. Quante

(Address) 5603 Liberty Hghts

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 20th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED April 21 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1937 to April 19th 1937

I last saw h.er alive on April 19 1937. Death is said to have occurred on the date stated above, 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 16 '37
Other contributory causes of importance:	
Arteria sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Personal observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Wm Conrad Bode M. D.

(Address) 1900 Maryland Ave.

F 34747

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34747

CERTIFICATE OF DEATH

93-e

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2741 St Paul St. 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice J. Bond
If U. S. Veteran specify WAR No Record

(a) Residence: No. 2741 St Paul St., Ward.
(Usual place of abode) 85 Years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX: Female
4. Color or Race: White
3. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1 7 1851

7. AGE: About 93 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sarah George
(Address) 2741 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Fremont Cem Date April 21 1937

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13 1937 to April 20 1937
I last saw her alive on April 19 1937. Death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Myocardial Degeneration	2 y
Other contributory causes of importance: —	

Was an operation performed? No Date of
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter M. D.
(Address) 4822 Roland Ave

F 34748

34748 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 163

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 20-5
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Vet. specify WAR No Record

2. FULL NAME Anna E. Kroll
(a) Residence: No. 216 Furrow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. Color or Race white
5. Single, Married, Widowed, or Divorced (write the word) married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W.
6. DATE OF BIRTH (month, day, year) Nov 16 1913
7. AGE Years 23 Months 5 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME Ezekiah T. Mobley
14. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

MOTHER
15. MAIDEN NAME Mary E. Price
16. BIRTHPLACE (city or town) (State or country) Boston Massachusetts

17. INFORMANT (Address) Chas. W. Kroll 216 Furrow St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date April 21st 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

APR 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
The principal cause of death and related causes of importance were as follows:

Poisoning — Date of onset
Bichloride of Mercury
Acute Nephritis

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury April 7, 1937
Where did injury occur? Balto Md (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place At home
Manner of injury Swallowed Bichloride of Mercury Tabs 2 grs
Nature of injury Acute Nephritis

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. F. Wright M. D. Coroner
(Address) 1010 S. Eldorado Ave

34749 F 34749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 18-1 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary Elizabeth Smith

(a) Residence: No. 807 W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of John Smith

6. DATE OF BIRTH (month, day, year) Feb 2nd 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Samuel R. Chichester

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Anderson

16. BIRTHPLACE (city or town) (State or country) Pasadena Md

17. INFORMANT Susan R. Fanning

(Address) 2246-81st St Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 22nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

April 21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to April 20, 1937

I last saw h.l.f. alive on April 20, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular pneumonia	
(pneumococcus)	

Other contributory causes of importance:

Portal cirrhosis	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Paul Schwedel M. D.

(Address) University Hospital

22758 EB F 34750

F 34750 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34750

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... moe. ..... ds.

2. FULL NAME Julius Davenport

If U. S. Veteran specify WAR .....

(a) Residence: No. 1421 Brunt St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah (Dead)

6. DATE OF BIRTH (month, day, year) 1-1-~~1881~~ 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 ~~56~~	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry (Dead)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Abbie Walters (Dead)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 4/22 1937

19. UNDERTAKER Wm A Jackson

(Address) 916 Penn ave

20. FILED ..... 19..... Registrar

APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1937 to 4-19 1937

I last saw h. alive on 4-19 1937 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	1 da
Other contributory causes of importance: Lobar Pneumonia	5 da

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

34751

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34751

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 E. Montgomery St., 77-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella Tracy

If U. S. Veteran specify WAR .....

(a) Residence: No. 238 E Montgomery St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles E. Tracy

6. DATE OF BIRTH (month, day, year) July 6 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME William H. Hubbard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Charles E Tracy
(Address) 238 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 23 1937

19. UNDERTAKER John F. Denny
(Address) 715 Light St

[illegible] Registrar.

APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1/37, 19..., to April 20/37, 19...

I last saw her alive on April 19/37, 19... Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, (Cerebral)	
	April/37

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Blood Test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mary B Coltman, M. D.

(Address) 120 Wyoke

F 34752

34752 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 22694 — CM 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 21-1 Ward)

Length of residence in city or town where death occurred 35 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Hutchins

(a) Residence: No. 1010 S. Eutaw St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed ~~XXXXXX~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James (D)

6. DATE OF BIRTH (month, day, year) 3-13-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ashbury Smith

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Meriah Cross

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bowens & Co Md Date 4/22/37 19

19. UNDERTAKER Isaiah L Brunston
(Address) 108 W Montgomery St

20. FILED ..... 19..... Registrar.

APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1937 to 4-19 1937

I last saw h.er alive on 4-19 1937 Death is said to have occurred on the date stated above, at 2.10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1 da
Other contributory causes of importance: Cerebral Hemorrhage	7 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John L. Rooney M. D.

(Address) Baltimore City Hospitals

22799

34753

HEALTH DEPARTMENT—CITY OF BALTIMORE

34753

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital S. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Miller

If U. S. Veteran specify WAR

(a) Residence: No. 808 Carroll St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 3-10-~~1882~~ ? 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	~~53~~	1	9 (?)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C. ?

MOTHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

15. NAME ~~Nancy Spence (Dead)~~

16. BIRTHPLACE (city or town) (State or country) Newport News Va

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/23 19 37

19. UNDERTAKER Walter B. Sprigg

(Address) 1541 Hamburg St.

20. FILED ... 19...

4 21 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1937 to 4-19 1937

I last saw him alive on 4-19 1937 Death is said to have occurred on the date stated above, at 1 to P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcal Meningitis	3 das
Other contributory causes of importance:	
Lobar Pneumonia	13 das

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 34754

34754 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital. CITY OF BALTIMORE: (No. 11-3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Richard Evans

(a) Residence No. Graysonville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 8. 1921.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Graysonville Md

FATHER

13. NAME Jesse Evans

14. BIRTHPLACE (city or town) (State or country) Graysonville Md

MOTHER

15. MAIDEN NAME Mary Selby

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Mrs Joseph A. Evans

(Address) Graysonville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville, Md Date 4-23-37. 19

19. UNDERTAKER Bates Bro.

(Address) Centreville Md

20. FILED 19

21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of brain	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-20. 1937.

Where did injury occur? Graysonville Highroad

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Struck by motor truck

Nature of injury Fractured skull Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Graves M. D.

Coroner

(Address) 1215 Nevada

F 34755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e F 34755

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 233 S. Ann St. St. 2-2 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Lubinski

(a) Residence: No. 233 S. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Lubinski

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general work
10. Date deceased last worked at this occupation (month and year) Dec 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Felix Lubinski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Warzowska Daughter
(Address) 233 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 22, 1937

19. UNDERTAKER Fred W. Ozazewski
(Address) 1910 Eastern Ave

R 21 1937 [illegible] Registrar.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Wright Chronic, M. D.

(Address) 1010 S. Edwards Ave

34756 F 34756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 12-b Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joe Creighton

(a) Residence: No. Graysonville, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Negro	married (separat

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Inez Foster

6. DATE OF BIRTH (month, day, year) June 5, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

FATHER

13. NAME Jim Creighton

14. BIRTHPLACE (city or town) Buckton
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) Blackwater
(State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 4/23/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 515 W. Biddle St.

FILED ..... 19..... Registrar.

APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to April 18, 1937

I last saw him alive on April 16, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular, mitral stenosis (rheumatic origin)	3 mos.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) J. M. D. Anderson, M. D.

(Address) U.S. Marine Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34757 — CERTIFICATE OF DEATH — 82-a — F 34757

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Belvieu Avenue. St. 15-10 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles W. Bleakley

If U. S. Veteran specify WAR .....

(a) Residence: No. 4104 Belvieu Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Ann Bleakley

6. DATE OF BIRTH (month, day, year) February 16, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Commission

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 4/19/37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Owings Mills Md.

FATHER

13. NAME William H. Bleakley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura J. Cravenstein

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary Ann Bleakley
(Address) 4104 Belvieu Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date April 15, 1937

19. UNDERTAKER Wm. J. Leckner & Sons
(Address) North & Pa. Ave

APR 21 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to Mar 19, 1937

I last saw him alive on Mar 19-37, at 7:15 P. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows

	Date of onset
Cerebral hemiplegia (left)	4-19-37
Other contributory causes of importance: Arterio Sclerosis Hypertension	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Howard [illegible] M. D.

(Address) Lib 633 2604 Garrison Blvd

34758 HEALTH DEPARTMENT—CITY OF BALTIMORE B 34758

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 N. Mount st. St., 19-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Johnson Lewis

(a) Residence: No. 303 N. Mount st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Lewis

6. DATE OF BIRTH (month, day, year): July 16, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Genl. const.

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: abt 30

12. BIRTHPLACE (city or town) (State or country): Essex, Va.

FATHER

13. NAME: Geo. Lewis

14. BIRTHPLACE (city or town) (State or country): Essex, Va.

MOTHER

15. MAIDEN NAME: Adeline Drake

16. BIRTHPLACE (city or town) (State or country): Essex, Va.

17. INFORMANT (Address): Ella Lewis, 303 N. Mount st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 23 1937

19. UNDERTAKER (Address): Mrs. Katie R. Williams 322 E. Lafayette st.

R 21 1937 ... 19 ... Katie R. Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apri, 19, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st. 1937 to April 19th 19 37

I last saw him alive on April 18th 19 37 Death is said to have occurred on the date stated above, at 8.30 a. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation Abs.	1st.
Mitral Ins.	1937
Ch. Interstitial Nephritis	Abt

Other contributory causes of importance: Jan. 1st. 1937

Was an operation performed? ... Date of ...

For what disease or injury?

Name ... Date of ...

What test confirmed diagnosis? Physicial Exam. Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If ... (Signed) Walter J. Jackson M. D.

(Address) 1611 W. Franklin st.

F 34759 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34759

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth 38 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Bildstein

(a) Residence: No. 2103 Callow Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bildstein

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lith

FATHER

13. NAME Jacob Birnbaum

14. BIRTHPLACE (city or town) (State or country) Lith

MOTHER

15. MAIDEN NAME Lacy

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Edward Bildstein
(Address) 2103 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Work. Rlwd 4-24-37
Place Date 19

19. UNDERTAKER Jose Levine Inc
(Address) 1429 E. Balt. St

20. FILED ..... 193 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/18, 1937 to 4/21, 1937

I last saw her alive on 4/21, 1937. Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock - due to mesenteric thrombosis?	4/20/37
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Benjamin B Moss, M. D.

(Address) Sinai Hosp

34760

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34760

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St. 4-7 Ward)

Registered No. 157B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nanette Gibson

If U. S. Veteran specify WAR ...

(a) Residence: No. 301 Bourton St. Havre de Grace Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar. 27, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	1	— 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

FATHER

13. NAME Wesley C. Gibson

14. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

MOTHER

15. MAIDEN NAME Doris Burns

16. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

17. INFORMANT Wesley C. Gibson

(Address) Havre de Grace Md.

18. BURIAL, CREMATION, OR REMOVAL Place Angel Hill Havre de Grace Date Apr. 22 1937

19. UNDERTAKER R. Wadsworth Mitchell

(Address) Havre de Grace Md.

20. FILED ... 19...

APR 21 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937 to April 21, 1937

I last saw her alive on April 21, 1937 Death is said to have occurred on the date stated above, at 3:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina bifida	
Meningocele	
Post operative hydrocephalus	

Other contributory causes of importance:

Secondary infection at operative site	

Was an operation performed? Yes Date of April 12, 1937

For what disease or injury? Meningocele

Name of operation Repair of meningocele

What test confirmed diagnosis? Clinical Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) John M. Lamyer M. D.

(Address) Univ. Hosp

M. D. B. 1268-9

34761 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 34761

CERTIFICATE OF DEATH

157-D

1. PLACE OF DEATH University Hospital 4-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby boy Miller

(a) Residence: No. 735 Madberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 16, 1937.

7. AGE	Years	Months	Days	If LESS than 1 day, 17 hrs. 25 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME David Arthur Woman

14. BIRTHPLACE (city or town) Not known
(State or country) Not known

MOTHER

15. MAIDEN NAME Lucille Miller

16. BIRTHPLACE (city or town) Sumter
(State or country) S. C.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 21 1937
Commissioner of Health

19. UNDERTAKER Per W. A. Moore
(Address)

21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937, to April 17, 1937

I last saw h— alive on April 17, 1937. Death is said to have occurred on the date stated above, at 8:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Congenital atresia of Pylorus
+ Anuria

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

✓ F 34762

34762 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital X 161-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 4-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Kane (Robert)

(a) Residence: No. 5 East Hill St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 17, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Not known by mother

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Ella Kane

16. BIRTHPLACE (city or town) (State or country) Churchville Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

UNIVERSITY MEDICAL SCHOOL APR 21 1937 . 19

Commissioner of Health

19. UNDERTAKER

(Address) Per M. A. Moore

FILED APR 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April. 17. 1937 to April. 19. 1937

I last saw him alive on April. 19. 1937 Death is said to have occurred on the date stated above, at 11:40 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Aspiration Asphyxia	4/19

Other **contributory causes** of importance:

Name of operation — Date of ....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) Hugh B. McNally M. D.

(Address) Mercy, Md.

34763 HEALTH DEPARTMENT—CITY OF BALTIMORE 34763

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Falls Road 27th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah J. Emory

(a) Residence: No. 4311 Falls Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas K. Emory

6. DATE OF BIRTH (month, day, year) April 12, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Charles W. Bambley

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Elizabeth Wilhelm

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Samuel J. Emory
(Address) 4311 Falls Road

18. BURIAL, CREMATION, OR REMOVAL md Date 4/22, 1937
Pine Grove Bal To Co

19. UNDERTAKER Thanower & Son
(Address) 3615-17 Elmora Ave

20. [illegible] 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937 to April 19, 1937

I last saw h[illegible] alive on April 19, 1937 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
left hemiplegia at 2 P.M.	
April 19-1937	
Other contributory causes of importance:	
Senile Arteriosclerosis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Tatnall Porter, M. D.

(Address) 4822 Roland Ave

F 34764

34764 HEALTH DEPARTMENT—CITY OF BALTIMORE #22146

95-B SF

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-6 Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos...ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Catherine Williams

If U. S. Veteran specify WAR

(a) Residence: No. 3318 Chestnut Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 5/10/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
81	81	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Benson Davis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Catherine Mayhew

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Hampden Date April 22, 1937

19. UNDERTAKER Chenoweth Bro. (Address) 3615-17 Chestnut Ave

20. FILED ...Registrar.

APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-24, 1937 to 4-20, 1937

I last saw her alive on 4-20, 1937 Death is said to have occurred on the date stated above, at 6:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-11-37
Other contributory causes of importance: Arteriosclerotic Heart Disease	Years

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ranney M. D.

(Address) Baltimore City Hospitals

Dr Meekin - Falls Road

E 34765

34765 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 Richwood Ave. Ward) 27-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Jennye E. Gray

If U. S. Veteran specify WAR .....

(a) Residence: No. 507 Richwood Ave st., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Gray.

6. DATE OF BIRTH (month, day, year) June 9 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Arthur E. Carman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sarah E. Young

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Charles E. Gray

(Address) 507 Richwood Ave

18. BURIAL, CREMATION, OR REMOVAL Woodland Baptist Cem. Date April 22, 1937

19. UNDERTAKER Chenowith Son

(Address) 3615-17 Edmondson Ave

20. FILED ..... 19.....

APR 21 1937 ..... (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1935 to April 19, 1937

I last saw h[illegible] alive on April 17, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Coronary Artery Disease Myocarditis Hypertension	Nov. 1935

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thomas H Meekin M. D.

(Address) 4837 Falls Rd.

✓ F 34766

34766 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-W

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2029 Orleans St St., 6-4 (Ward)

Length of residence in city or town where death occurred 81 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John L. Hildwein

(a) Residence: No. 2029 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Hildwein

6. DATE OF BIRTH (month, day, year) Oct. 2/1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Adam Hildwein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Hildwein
(Address) 2029 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lamel Date 4/22/37 19

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Orleans St

20. FILED APR 21 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1936 to April 19 1937
I last saw him alive on April 15 1937 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	6 Yr
Cerebral Hemorrhage	1 Day

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

Edward ... M. D.
(Signature)
(Address) 413 N. Arlington

M. D. P. 1268-9

✓ F 34767

34767

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 W. Lombard St. 4-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. 52 mos. ds.

2. FULL NAME STANISLAUS LEVIN

(a) Residence: No. 643 W LOMBARD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: TAILOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) LITHANIA

FATHER

13. NAME NOT KNOWN

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME NOT KNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT URSELL LEVIN
(Address) 643 W LOMBARD ST

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/22, 1937

19. UNDERTAKER Chas. B. Ruchamkes
(Address) 637 SOUTH PONCA ST

21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1935 to April 1937.

I last saw him alive on April 12 1937. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1935

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph H. Greenwald, M. D.

(Address) 37 S. Stricker St.

F 34768

F 34768 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. gen. Hosp. St. 15-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. ~~Bella~~ Hament (REBECCA G. HAMENT) Veteran (Specify WAR .....)

(a) Residence: No. 2853 W. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE | 4. Color or Race: WHITE | 5. Single, Married, Widowed, or Divorced (write the word): MARRIED.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of GABREL

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 61 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): HUNGARY

FATHER

13. NAME: GEORGE

14. BIRTHPLACE (city or town) (State or country): HUNGARY

MOTHER

15. MAIDEN NAME: NOT KNOWN

16. BIRTHPLACE (city or town) (State or country): HUNGARY

17. INFORMANT: HOSPITAL RECORD
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: BALTO. HEBREW Date: 4/22 37

19. UNDERTAKER: Jacob Lewis Inc.
(Address) 1437 E. Balto. St.

20. FILED: [illegible]

APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-21-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-17-37. 19 to 4-21-37. 19

I last saw her alive on 4-21-37. 19. Death is said to have occurred on the date stated above, at 7:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	4-19-37
Arterio-sclerotic cardio-vascular Renal Disease	
Diabetes	
Other contributory causes of importance: Diabetic gangrene left leg	?

Was an operation performed? yes Date of 4-19-37

For what disease or injury? Rt. thigh Amputation for diabetic gangrene foot

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Milton Levin M. D.

(Address) W.B. & H.

M. D. B. 1263-9

F 34769

34769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Mooris L. Fields

(a) Residence: No. Elkridge Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Md.

FATHER

13. NAME Mooris Fields

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Minnie Myers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mooris Fields
(Address) Elkridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Elkridge Md. Date April 22 1937

19. UNDERTAKER Katie F. Williams
(Address) 3[illegible] S. Fremont St.

APR 21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of March 8 & 29 1937

For what disease or injury? Injury

Name of operation Drain Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury March 8, 1937, 19...

Where did injury occur? At Home Elkridge Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off Lap struck Head,

Nature of injury Hematoma of Head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2757 N. [illegible]

34770 F 34770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oram Wilson (15319)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1102 Doran St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 13, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alec

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Nixon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 7/23 '37

19. UNDERTAKER Wm A Dickson
(Address) 516 Pennsylvania Ave

20. FILED JUL 21 1937 [illegible]

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936 to April 20, 1937

I last saw him alive on April 20, 1937 Death is said to have occurred on the date stated above, at 11:40 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	July 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon H. Feldman, M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34771

F 34771

93-e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 N. Caroline St., 9-9 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME HENRY B. BUSCH

(a) Residence: No. 1512 N. Caroline Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Margaret Busch

6. DATE OF BIRTH (month, day, year) June 25, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Painting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Bernard Busch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Margaret Busch 1512 North Caroline Street

18. BURIAL, CREMATION, OR REMOVAL Date Apr. 23, 19 37

Place Holy Redeemer Cemetery

19. UNDERTAKER (Address) Chas. F. Baier & Son 1534 N. Mt. Regal Ave

APR 1 1937

Registered by

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) did find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Paul Wheeler, M. D. Coroner

(Address) 916 E. North Ave.

F 34772

34772 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

24

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 11-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Marie Dorsey

(a) Residence: No. 1204 Biddle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Dorsey

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Conaway

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Cornelius Thomas
(Address) 1200 Biddle st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date Mar 22nd 1937

19. UNDERTAKER Chas J Wilson
(Address) 1600 Bradley Ave.

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1937 to April 19, 1937
I last saw h[illegible] alive on April 19, 1937 Death is said to have occurred on the date stated above, at 5:0[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 5, 1937
For what disease or injury? Diagnostic
Name of operation Biopsy Axillary gland
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard B. Haggerty M. D.
(Address) Univ. Hosp.

34773 F 34773

HEALTH DEPARTMENT—CITY OF BALTIMORE

48942 SF

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Relto. City Hospitals St., 11-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Potts

(a) Residence: No. 365 W. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Perry Potts

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Date Mar 23 1937

19. UNDERTAKER Floyd Wilson (Address) Hope Funeral Chapel

20. FILED ..... 19..... (Registrar)

MAR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1935 to 4-19 1937

I last saw him alive on 4-19 1937 Death is said to have occurred on the date stated above, at 4 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy prostate	3 yrs.
Other contributory causes of importance: Bronchopneumonia	5 days

Was an operation performed? yes Date of 11-11-35

For what disease or injury? Hypertrophy prostate

Name of operation cystostomy

What test confirms diagnosis? Was there an autopsy? yes no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

(Signed) W. Hoguet M. D.

(Address) Balt. City Hosp.

F 34774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Charles Albert

(a) Residence: No. Henryton, md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May C. Albert

6. DATE OF BIRTH (month, day, year) Jan. 8, 1875.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) present

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Albert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hunsdeuna Fisher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Albert

(Address) 5310 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 22 1937

19. UNDERTAKER Thos. E. Franck

(Address) 801 Madison Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Chest	
Level 7th & 8th Rib Right Side	
Hemopneumothorax	
Generalized Emphysema	

Other contributory causes of importance: Bilat. Pulmonary T.B.C.

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/19 1937

Where did Injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Joyce Hotel

Manner of injury Gunshot wound

Nature of injury Thru + thru chest (left)

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Conn P. Hallam M. D.
Coroner

(Address) 1031 St. Paul St.

M. D. P. 1268-9

✓ F 34775

34775 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 N. Fulton Ave. 15-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo. E. F. Anderson

(a) Residence: No. 2123 N. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Anderson

6. DATE OF BIRTH (month, day, year) Jany 20 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 0086

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (city or town) Frederick (State or country) Md

MOTHER FATHER

13. NAME Wm R. Anderson

14. BIRTHPLACE (city or town) Frederick (State or country) Md

MOTHER

15. MAIDEN NAME Harriet A. Kohlenberger

16. BIRTHPLACE (city or town) Adamstown (State or country) Md.

17. INFORMANT Mrs. James Brown (Address) Delta Md.

18. BURIAL, CREMATION OR REMOVAL

Place Frederick Md. Date April 23 1937

19. UNDERTAKER C. E. Cline & Son (Address) Frederick Md.

21 1937 Huntington Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to April 21, 1937

I last saw h alive on April 20, 1937 Death is said to have occurred on the date stated above, at 12:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach (Cardiac End)	uncertain
Bronchopneumonia (Terminal)	4/2/37

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Frederick Ave

M. D. B. 1268-B

✓ F 34776

34776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 4-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Letzler

(a) Residence: No. 113 N. Green St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 20, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Letzler

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Barbara Katherine Leutner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, REMOVAL Holy Cross (Brooklyn)

Place April Date 4/22/37

19. UNDERTAKER Edward Lowe

(Address) 2929 Wash. Blvd

21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937 to April 21, 1937

I last saw h alive on April 21, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	April 20

Other contributory causes of importance: over

Name of operation 0 Date of

What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Michael M. D.

(Address) Univ. Hosp.

34777 F 34777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Gen'l. Hosp. 122-a

Registered No.

CITY OF BALTIMORE: (No. St., 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Minnie L. Williams

If U. S Veteran specify WAR

(a) Residence: No. 1311 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lockett A. Williams

6. DATE OF BIRTH (month, day, year) Oct 20 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton N. C.

FATHER

13. NAME McCraw

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah T Saddill

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nell E Williams

(Address) 1311 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louisburg N. C. Date Apl 23 37

19. UNDERTAKER Mary H Armwood & Son

(Address) 4204 Edgewood Ave.

20. FILED Registrar

APR 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16 1937 to April 21 1937

I last saw her alive on April 21, 1937 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Femoral Hernia	

Other contributory causes of importance:

arteriosclerosis	

Was an operation performed? yes Date of 4-16-37

For what disease or injury? Hernia Enterostomy

Name of operation Femoral Herniaplasty

What test confirmed diagnosis? Surgery Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. L. Edwards M.D.

(Address) Md. Gen'l. Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34778 — 92-a — Registered No. [illegible]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 East 31 St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V Piercy — If U. S. Veteran specify WAR [illegible] Revd

(a) Residence: No. 620 East 31 St., Ward. (If non-resident give city or town and State)

(Usual place of abode) Dept

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of: Jacob M Piercy

6. DATE OF BIRTH (month, day, year) Sept 7-1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	7	3 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert P Gamble

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Vordell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm Benjamin Gerlach (Address) Queenstown Md

18. BURIAL, CREMATION, OR REMOVAL. Place Balto Cem Date April 14 37

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED [illegible] Registrar. APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18 1937 to April 20, 1937

I last saw h— alive on April 20, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	1930-
Pneumonia bronchial	
Other contributory causes of importance: Hypostatic Pneumonia	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H Blumenthal M. D.

(Address) 632 Fawn Ave Balto Md

F 34773

34773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4835 Windsor Mill St., 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Louise Hall

If U. S. Vet. specify WAR No Record

(a) Residence: No. 4835 Windsor Mill St., Ward.

(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George E Hall

6. DATE OF BIRTH (month, day, year) Dec 31 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edouard Saffell

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Marie Gordon

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Henry O. Stedding

(Address) 4835 Windsor Mill

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Interred April 23 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED

Registrar.

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1936 to April 21, 1937

I last saw her alive on April 19, 1937. Death is said to have occurred on the date stated above, at 1201 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of ------

For what disease or injury? ------

Name of operation ------

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Montgomery Jr. M.D.

(Address) 401 E. 25th St.

34780

HEALTH DEPARTMENT—CITY OF BALTIMORE 34780

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3545 Roland Ave St., 13-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Catherine Williams If U. S. Veteran specify WAR No Record

(a) Residence: No. 3545 Roland Ave St., Ward.

(Usual place of abode) 50 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Marion H. Williams

6. DATE OF BIRTH (month, day, year) Feb 28-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self. 0039

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Fairfax Va

FATHER

13. NAME Noah Stocksdale

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Stansbury

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ada E. Reynolds

(Address) 848 W. 37th St

18. BURIAL, CREMATION, OR REMOVAL

Place Fairfax Va Date April 23 1937

19. UNDERTAKER Wellington Coffin Steel

(Address) 1217 St Paul

22-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 7th 1937 to April 21st 1937

I last saw h alive on April 20th 1937 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Caused by large round	
tumor Inoperable Carcinoma.	
Terminal Bronchitis	
Other contributory causes of importance:	
Senility & Obesity	

Was an operation performed? No Date of

For what disease or injury? Would not submit to Surgery

Name of operation of Hospital (patient

What test confirmed diagnosis? Thymol turbidity Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Tillett M. D.

(Address) 3411 Falls Rd Baltimore

34781 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34781

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 424 St. Green 7-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles B Hellmann If U. S. Veteran specify WAR No Record

(a) Residence: No. 424 St. Green St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M

6. DATE OF BIRTH (month, day, year) June 20 1854

7. AGE: Years 82 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hatter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burgical Hospital
10. Date deceased last worked at this occupation (month, year) 1915 | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. Name Joseph Hellmann
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Anna Tenbun
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Frazier
(Address) 424 St. Green

18. BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date April 23 37

19. UNDERTAKER Williams Cook
(Address) 1417 St Paul St

20. FILED ... 19... Clerk
R 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/37

22. I HEREBY CERTIFY That I attended deceased from Sept 9th 1936 to April 18th 1937
I last saw h... alive on April 19th 1937 Death is said to have occurred on the date stated above, at 6 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2
Other contributory causes of importance: Pulmonary Oedema	4
Arterio Sclerosis	2

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) J. J. Jenkins M. D.
(Address) 1192 N. Mulberry

F 34782

HEALTH DEPARTMENT—CITY OF BALTIMORE

34782 ✓131

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 W. Fort ave St. 23-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma M. Lycett

(a) Residence: No. 113 W Fort ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E. Lycett

6. DATE OF BIRTH (month, day, year) Oct 20. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm A. Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Bowers

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Jos. E. Lycett

(Address) 113 W. Fort ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 4/29/37 19...

19. UNDERTAKER Margaret C. Flynn

(Address) 1421 Light St.

20. FILED Huntington

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1937, to April 21, 1937.

I last saw h. ER alive on April 21, 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Chronic Nephritis (Indef.)	
Other contributory causes of importance:	
Cerebral Hemorrhag	4/21/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If yes, how?

(Signed) W. E. Campbell M. D.

4/22/37 (Address) 1644 Hanover St.

34783

F 34783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Germany Sanitarium Asylum

CITY OF BALTIMORE: (No. Edmondson Ave St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? 71 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Elizabeth Yingling

(a) Residence: No. 1800 N Bentalou St. (Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm F. Yingling

6. DATE OF BIRTH (month, day, year) Dec 23, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joe Keller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fanny Yingling (Address) 1800 N Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 25th 1937

19. UNDERTAKER Bertram Rose (Address) 2224 E Baltimore St.

20. FILED 22 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1933, to April 20, 1937.

I last saw h alive on April 20, 1937. Death is said to have occurred on the date stated above, at 5:25 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: April 10th

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hyman V. Lemmon, M. D.

(Address) 2002 Druid Park

SHORTER

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34784 108 F 34784

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 W Saratoga St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jacob Shirles

(a) Residence: No. 658 W Saratoga St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bowie Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Jordan

(Address) 658 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 4/22/37 19

19. UNDERTAKER Mrs. Geo. H. Lelland

(Address) 1631 Lewis Hall Ave

4 22 1937

(Signature and Official Title)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 37

I HEREBY CERTIFY, That I attended deceased from April 17 19 37 to April 19 37

I last saw him alive on April 19 37 Death is said to have occurred on the date stated above. 6.10 Am

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset
1937
4/14

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) M. D.

(Address) 4 22 37

M. D. P. 1268-9

34785 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34785

CERTIFICATE OF DEATH

13-2 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home and Infirmary (Hospital)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah P. Freeman

(a) Residence: No. 2132 Bolton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion B. Freeman

6. DATE OF BIRTH (month, day, year) July 16 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mechanicsville, St Marys Co. Md.

FATHER

13. NAME Henry Clay Adams

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Alice Brawner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Jack R. Morgan

(Address) 708 Reservoir St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Apr. 23 1937

19. UNDERTAKER Chas. H. Black

(Address) 742 W. Monk Ave.

APR 22 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937 to April 21, 1937

I last saw her alive on April 21, 1937 Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & Cholelithiasis	1932
Cardiac failure	4/19/37

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 4/[illegible]/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Keller, M. D.

(Address) Church Home & Inf.

HEALTH DEPARTMENT—CITY OF BALTIMORE

32860/ 34786 F 34786

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-5 Ward) 12 B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Bond

(a) Residence: No. ..... Belair Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma.

6. DATE OF BIRTH (month, day, year) 12-28-7

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Handy Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Bond

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma R. ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Cem. Date April 25, 1937

19. UNDERTAKER Howard K. McCann
(Address) Govans Md

20. FILED APR 22 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937 to April 21, 1937

I last saw h.[illegible] alive on April 21, 1937. Death is said to have occurred on the date stated above, at 6 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Arteriosclerosis	4/17/37
Cardiac failure	
Pulmonary edema	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Donald Hunter, M. D.

(Address) Johns Hopkins Hospital

34787

HEALTH DEPARTMENT—CITY OF BALTIMORE

34787

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME George Raspe

If U. S. Veteran specify WAR .....

(a) Residence: No. Mt. Washington Md St., New Raggas Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 31 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Austin Raspe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eleanor Petry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Stabler Director Date April 23 1937

19. UNDERTAKER John Burns Sons

(Address) Towson Md.

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1937 to 4-21, 1937

I last saw him alive on 4-21, 1937 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	Feb 1937

Other contributory causes of importance:

Was an operation performed? no Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? - Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Freeman, M. D.

(Address) Mercy Hosp.

34788
32807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D F 34788

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 43 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frances Kyzour

(a) Residence: No. 831 N. Collington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/20/74

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	62		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe Germany

FATHER

13. NAME John Jindra

14. BIRTHPLACE (city or town) (State or country) Europe Bohemia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 24, 1937

19. UNDERTAKER Frank Grosch & Son
(Address) 1906 Garrison Blvd

(Signed) ..... Registrar.

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to April 21, 1937

I last saw h.. alive on April 21, 1937. Death is said to have occurred on the date stated above, at 1 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1935
(a) Perforation through	
overlying cyst of	
sacrococcygeal to peritoneal	
cavity	

Other contributory causes of importance:

Was an operation performed? Yes Date April 19, 37

For what disease or injury? Intestinal Obstruction

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. Richard Ferguson M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34789 34789

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-1 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Spelman

(a) Residence: No. 1012 S. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Matie

6. DATE OF BIRTH (month, day, year) July 4 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Boston Spelman

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington, N.C. Date April 22, 37

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Edwards St

APR 22 1937 Registrar

(SALE)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937 to April 19, 1937

I last saw him alive on April 19, 1937 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar (III)	4/10/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James A. Harlan, M. D.

(Address) Johns Hopkins Hospital

F 34790

HEALTH DEPARTMENT—CITY OF BALTIMORE

34790

CERTIFICATE OF DEATH

1, 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vivian Madelene McCormick (Specify U. S. Veteran or A. R.)

(a) Residence: No. 822 So Hanover St. (Ward) Baltimore (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	M

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John T. McCormick

6. DATE OF BIRTH (month, day, year) April 14, 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Anthony J. Stahl

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Catherine Welch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Anna Lovell (Address) 1502 So. E. Avenue

18. BURIAL, CREMATION OR REMOVAL Place Mt Olivet Cem. Date Apr 24 1937

19. UNDERTAKER John Allen & Son (Address) 2005 Allen Ave

20. FILED ..... 19..... Registrar.

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-12-37, 19..... to 4-21-37, 19.....

I last saw h... alive on 4-21-37, 19..... Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal failure	4-12-37
Other contributory causes of importance: Uremia	4-12-37
Eclampsia	4-12-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stahlman, M. D.

(Address) St Joseph Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34791 34791 34791

46-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N. East Ave. St. 76-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JOHN FREEMAN

(a) Residence: No. 1 N. East Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Freeman

6. DATE OF BIRTH (month, day, year) July 13, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance & Real estate

10. Date deceased last worked at this occupation (month and year) Oct. 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles P. Freeman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Minnie Price

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edw Freeman
(Address) #1 N East Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Apr 22, 1937

19. UNDERTAKER John Elliott
(Address) 200 E Lanvale

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 '37 to April 20 '37

I last saw h— alive on Apr 15 '37 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of Stomach,	
Carcinoma of Stomach	

Other contributory causes of importance:
no

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John Finley Scott M. D.

(Address) 2986 E Balt

F 34792

34792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 PK. Hgts. Terrace St., 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME SIDNEY JEROME KRONBERG

(a) Residence: No. 2619 PK. Hgts. Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) FEB. 6-1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO., MD.

FATHER

13. NAME CHARLES H. KRONBERG

14. BIRTHPLACE (city or town) (State or country) AUSTRIA

MOTHER

15. MAIDEN NAME ANNA SCHANDER

16. BIRTHPLACE (city or town) (State or country) AUSTRIA

17. INFORMANT CHARLES H. KRONBERG
(Address) 2619 PK. Hgts TERRACE

18. BURIAL, CREMATION, OR REMOVAL
Place BALTO HEBREW Date 4-23- 1937

19. UNDERTAKER JACK LEWIS, INC.
(Address) 1499 E. BALTO. ST.

20. FILED ..... 19..... [signature]

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21- 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1936 to April 21 1937.

I last saw h. alive on April 21 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma	
Other contributory causes of importance:	

Was an operation performed? yes Date of Feb 10, 1936

For what disease or injury? Sarcoma of the leg

Name of operation amputation

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [signature] M. D.

(Address) 2324 Reisterstown Rd.

✓ F 34793

34793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2452 Brentwood Ave. St. 12 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes A. Taylor

(a) Residence: No. 2452 Brentwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Taylor

6. DATE OF BIRTH (month, day, year) April 20, 1891

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
45	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Joseph Taylor

14. BIRTHPLACE (city or town) (State or country) Brunswick Co Va

MOTHER

15. MAIDEN NAME Lucy Hawthorn

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Walter E. Taylor
(Address) 2452 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hyde Alberta Va. Date April 22, 1937

19. UNDERTAKER Mrs R. G. Elliott Daughter
(Address) 1129 N. Caroline St.

77484

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb ..., 1937, to April 20 ..., 1937

I last saw h alive on April 18, 1937. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular-renal disease	2 years
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jas. S. Julian Jr, M. D.

(Address) 434 E 23rd St.

34794 E 34794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

22682 JS Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Sexton

(a) Residence: No. 2534 Penna. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Sexton

6. DATE OF BIRTH (month, day, year) 1-24-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Sexton

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Hopkins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date 4-23-37

19. UNDERTAKER Wilhoyte & Cook
(Address) 124 S. Eutaw St.

20. FILED APR 22 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-13-1937 to 4-20-1937

I last saw him alive on 4-20-1937 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	Dec. 1936
Other contributory causes of importance: Hypostatic Cardio-vascular Disease,	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenny M.D.

(Address) Baltimore City Hospitals

34795

F 34795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 W Lafayette St. 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucy Joseph Hearn

(a) Residence: No. 2702 W. Lafayette St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 4, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill

10. Date deceased last worked at this occupation (month and year) Feb 1937

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Hearn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ellen Quest

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Hearn (Address) 2702 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 24 1937

19. UNDERTAKER Thomas J. Ford & Co.

(Address) 1217 E. Fayette St.

20. FILED APR 22 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above. 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs and larynx	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) P. Kaufman M. D.
Coroner

(Address) 215 Hanover St.

F 34796

34796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital W. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Pritchett

(a) Residence: No. 522 N. Luzerne St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard A Pritchett

6. DATE OF BIRTH (month, day, year) May 15th 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles L. Gould.

14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

MOTHER

15. MAIDEN NAME Ella Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr Richard A Pritchett

(Address) 522 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Bath Cem. Date 4/24/1937

19. UNDERTAKER John J Condon & Son

(Address) 1901 Madison St

22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937 to April 21, 1937

I last saw her alive on April 21, 1937. Death is said to have occurred on the date stated above, at 3 15/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days
Hypertensive Heart Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Slythe M. D.

(Address) St Joseph Hospital

F 34797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Not known St. 27-13 Ward)

(See further Statements)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Not known

(a) Residence: No. Not known St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored (?)	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) about Sept 14 37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	about 1 hr.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT none

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY Apr 22 1937 19

Commissioner of Health

Per M. A. Moore

19. UNDERTAKER .....

(Address) .....

Registered Apr 22 1937

Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) about Sept 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Incised wound in left side of neck in Volving Jugular vein & Carotid Artery

Date of onset

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Probably homicide about Sept 14, 1937.

Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? Balto City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Not known

Manner of injury Cutting with some instrument

Nature of injury Incised wound in neck

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. Didusch Coroner, M. D.

(Address) Coroners Office

34793 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34793

CERTIFICATE OF DEATH

22760 ER 108

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 40 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dena Whittemore

If U. S. Veteran specify WAR No

(a) Residence: No. 1426 E. Lorvale St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-21-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar clerk and cash-ier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Howard Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Hampshire

FATHER

13. NAME Paul Whittemore

14. BIRTHPLACE (city or town) (State or country) N.H.

MOTHER

15. MAIDEN NAME Lydia Jane Cates

16. BIRTHPLACE (city or town) (State or country) N.H.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md. Date 4/22/37

19. UNDERTAKER George J. Poetz Jr.

(Address) 715 W. Fayette St. Baltimore Md.

FILED ..... 19..

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1937 to 4-21, 1937

I last saw h.. alive on 4-21, 1937 Death is said to have occurred on the date stated above, at 12 midnight

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Ramsey M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 14-2 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther Evans

If U. S. Veteran specify WAR

(a) Residence: No. 1608 Eutaw Pl St., Ward. Sharon Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winifred Jones

6. DATE OF BIRTH (month, day, year) 1-28-77

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wales

FATHER

13. NAME D. Wm Evans

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME C. Elvira Walters

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sharon, Pa. Date Apr 22 1937

19. UNDERTAKER John O'Mitchell Sons

(Address) 608 Eutaw Place

20. FILED , 19 Registrar.

APR 22 1937 Sharon, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937 to April 22, 1937

I last saw him alive on April 22, 1937. Death is said to have occurred on the date stated above, at A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-15-37
Carcinoma of stomach	? 1929

Other contributory causes of importance:

Bacteremia - B Streptococci

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mitchell Pratzyk M. D.

(Address) Johns Hopkins Hospital

3-27991 34800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No. ... St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vica Mounts

If U. S. Veteran specify WAR

(a) Residence: No. Fredonia Ky St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adam

6. DATE OF BIRTH (month, day, year) 2/1/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

FATHER

13. NAME Daniel Christian

14. BIRTHPLACE (city or town) (State or country) Ky

MOTHER

15. MAIDEN NAME Martin Daniel

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Fredonia, Ky Date Apr. 22 1937

19. UNDERTAKER Blue Mitchell Store
(Address) 1901 Eutaw Place

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 1937 to Apr 21 1937

I last saw ... alive on Apr 21 1937 Death is said to have occurred on the date stated above, at 12 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Pneumonia	Apr 21
? Pulmonary Embolism	

Other contributory causes of importance:

? Peritonitis.

Was an operation performed? Yes. Date of Apr. 20, 1937.

For what disease or injury? Recto vaginal fistula

Name of operation Laparotomy, Laparotomy, Repair of Recto-Vaginal fistula, Proctoscope

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Kenneth C. Sharrs M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

✓ F 34801

34801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lord Baltimore Hotel St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Guenther Ulack

(a) Residence: No. Northern Boulevard, Roslyn, Long Island Ward. Roslyn, L. I. New York

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elise Ulack

6. DATE OF BIRTH (month, day, year) Dec. 28, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 053

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Berlin (State or country) Germany

FATHER

13. NAME Richard C. Ulack

14. BIRTHPLACE (city or town) Berlin (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Curat

16. BIRTHPLACE (city or town) Berlin (State or country) Germany

17. INFORMANT Mr. Kenneth C. Pier

(Address) Roslyn, Long Island N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Roslyn L.I. N. Y. Date Apr 22, 1937

19. UNDERTAKER Wm. J. Tiefenthaler Co. Inc.

(Address) Baltimore Md.

20. FILED [illegible]

22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall from 13th floor Lord Baltimore Hotel.	
Multiple Fractures	
Internal Injuries	
Other contributory causes of importance: Mentally Deranged	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? Suicide Date of Injury 4/21, 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Lord Baltimore Hotel

Manner of injury Jumped from window 13th floor to street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, state ...

(Signed) Orson B. Wallace M. D. Coroner

(Address) 1031 St Paul St

F 34802

34802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Linden Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 12 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME [illegible]

(a) Residence: No. 1521 Linden Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: [illegible]

6. DATE OF BIRTH (month, day, year) April 24 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Waltemeier

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. [illegible] (Address) 1521 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL Place Wash DC Date April 1937

19. UNDERTAKER (Address) 1520 Pennsylvania Ave Washington DC

Registrar

APR 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came death on the day stated above, at 9:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchitis	1

Other contributory causes of importance: Arterio Sclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

F 34803

34803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 23 Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Estella Marlow

(a) Residence: No. 921 Linetta Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Marlow

6. DATE OF BIRTH (month, day, year) Aug. 21, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Benjamin F Nichols

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jane Kearns

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elizabeth Marlow.
(Address) 921 Linetta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Mark Cemetery Date 4-24 1937

19. UNDERTAKER J. S. Higinbotham Jr.
(Address) Edmondson City Md

APR 23 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-18- 1937 to 4-21 1937

I last saw h.er alive on 4-21- 1937 Death is said to have occurred on the date stated above, at 1.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes.	
Ruptured appendicitis.	
Other contributory causes of importance:	
Carcinoma.	

Was an operation performed? Yes Date of 4-19-37

For what disease or injury? Ruptured appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Williams M. D.

(Address) Md. General Hospital

34804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34804

CERTIFICATE OF DEATH

X 146-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp. St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A. Nelson

If U. S. Veteran specify WAR .....

(a) Residence: No. Laurel, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Whitehead Nelson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Newport R.I.

FATHER

13. NAME Benj. Nelson

14. BIRTHPLACE (city or town) (State or country) Newport R.I.

MOTHER

15. MAIDEN NAME Anna J. Nelson

16. BIRTHPLACE (city or town) (State or country) Newport R.I.

17. INFORMANT Wife Kate Whitehead Nelson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Date Jan. 25, 1937

19. UNDERTAKER Ridgely & Selby

(Address) Laurel Md.

23 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-24-37, 19..., to 4-22-37, 19...

I last saw h... alive on 4-22-37, 19... Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head of Pancreas	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-2-37

For what disease or injury? Ca. of Pancreas

Name of operation Cholecystectomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. P. Stephens M. D.

(Address) Md. Gen Hosp.

M. D. B. 1268-9

34805 F 34805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Harford Rd St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Sachs

(a) Residence: No. 2510 Harford Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise C. Sachs

6. DATE OF BIRTH (month, day, year) Feb. 19-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired pos

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairyman

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Albert Sachs

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louise St. Prem Daughter
(Address) 2510 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date April 24 1937

19. UNDERTAKER William Cook
(Address) 217 S Paul Street

20. FILED ..... 19 ..... Registrar.

R 231937c

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14. 1937 to April 21 1937

I last saw him alive on April 21 1937 Death is said to have occurred on the date stated above, at 1.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 d.
Multiple Sclerosis	14 yr.
Marasmus	3 Day

Other contributory causes of importance: Chronic Interstitial Nephritis 14 yr.

Name of operation No. Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Stevens M. D.

(Address) 2878 Harford Rd

34806 F 34806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No.....

CITY OF BALTIMORE: (No.....St., 5-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME Richard S. Abrams

(a) Residence: No. 158 N. Exeter St., Balto. Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) March 23, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enamel Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Appliance Co.

10. Date deceased last worked at this occupation (month and year) 11 yrs. ago

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Abrams

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Eliza Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date April 26th 37

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

APR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937 19..... to April 22, 1937

I last saw him alive on April 22, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, far advanced -	Aug. 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) H. Wollenweber, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

E 34807

E 34807 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3439 PK. HGTS AVE St. 15-12 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME HYMAN HURWITZ

(a) Residence: No. 3439 PK. HGTS. AVE St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AGNES —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME SOLMON —

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME FAGEL

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT AGNES HURWITZ
(Address) 3439 PK. HGTS. AVE

18. BURIAL, CREMATION, OR REMOVAL
Place WINDSOR MILL RD Date 4-23 1937

19. UNDERTAKER JACK LEWIS INC
(Address) 1439 E. BALTO. ST.

20. FILED APR 23 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22- 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to April 22 1937

I last saw h[illegible] alive on April 22 1937. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935

Other contributory causes of importance:

Arteriosclerosis — senile	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Benjamin Pustkin M. D.

(Address) 2338 Eutaw pl.

34808

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34808

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kalischman

(a) Residence: No. 2631 Park Heights Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Etta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 4-23-37

19. UNDERTAKER Joel Levy Inc

(Address) 1429 E. Baltimore St

20. FILED [illegible]

APR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22/, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/15/, 1937 to 4/22/, 1937

I last saw her alive on 4/22/, 1937 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal bronchopneumonia	4/21/37
Arteriosclerosis c v disease	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin B. Moss, M. D.

(Address) Sinai Hosp.

F 34809

34809 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No. 15-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Druid Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth 27 yrs. moe. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Daifer

(a) Residence: No. 1802 Moreland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 58 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 4/23/37

19. UNDERTAKER Jack Lewis & Son
(Address) 1437 E. Pratt St.

20. FILED 19 By

R 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/20, 1937, to 4/22, 1937

I last saw her alive on 4/22, 1937. Death is said to have occurred on the date stated above, at 4 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertensive Cardiovascular Disease	
Other contributory causes of importance: Myocardial Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. Rochelmeyer M. D.

(Address) Druid Hosp.

F 34810

34810 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

47-B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1724 E. Lombard St. 2-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm F. King
If U.S Veteran specify WAR

(a) Residence: No. 1724 E. Lombard St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ursella King.

6. DATE OF BIRTH (month, day, year) May 14 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R C Wells

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry King

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Hughes.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Mrs Ursella King
(Address) 1724 E. Lombard

18. BURIAL, CREMATION OR REMOVAL
Place Oak Lawn, Date 4/23/37

19. UNDERTAKER J. Heugan & Son
(Address) 32 S. Broadway.

20. FILED 4-23-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20/37.

22. I HEREBY CERTIFY That I attended deceased from Sept 1936 to April 20 1937
I last saw him alive on April 20 1937 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lung	7 Yrs
Other contributory causes of importance generalized metastasis	1 mo

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? clinical & X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm F. Ringler M. D.

(Address) 1001 E. Fayette St.

F 34811

34811 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 W. Preston St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S Veteran specify WAR

2. FULL NAME John Gounder

(a) Residence: No. 534 W. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. If Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Malcom

6. DATE OF BIRTH (month, day, year): Aug - 1856

7. AGE: Years 80; Months 8; Days 0; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): U. S.

FATHER

13. NAME: Malcom

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: Malcom

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Mary Cole 534 W. Preston St.

(Address)

18. BURIAL, CREMATION, OR REMOVAL: National Cem Date 4/23 37

19. UNDERTAKER: Bernard J. Murphy

(Address) 818 Lund Ave

20. FILED 23 1937 Arlington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936 to April 20, 1937

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis

Duration of onset: Over a Year

Other contributory causes of importance:

None

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Bitterman, M. D.

(Address) 817 Hamilton Ave

F 34812

34812 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

J 94-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mary Hosp. St. 2-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bolesław Rosynski
If U. S. Veteran specify WAR.....

(a) Residence: No. 617 S. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb. 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warsaw Poland

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Stanley
(Address) 617 S. Wolfe

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthias Date April 23 37

19. UNDERTAKER Wendell Thorpe
(Address) 1643 Eastern Ave.

20. FILED APR 23 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Chas B Waller M. D.
Coroner
(Address) 1031 St Paul

34813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34813

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Ferndale Ave St., 28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME S. Loula Littlepage

If U. S. Veteran specify WAR

(a) Residence: No. 310 Ferndale Ave St., 28 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Littlepage Sr

6. DATE OF BIRTH (month, day, year) April 6-1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91	-	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Sterling B. Libscomb

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Angelina Elliott

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William T. Littlepage Jr.

(Address) 310 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 23/37 19

19. UNDERTAKER C. F. B. Hupert & Son

(Address) 1300 Eutaw Place

APR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937 to April 20, 1937

I last saw her alive on April 20, 1937 Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	April 0
Other contributory causes of importance:	
Old Age	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. C. Samuels M. D.

(Address) 4209 Liberty Hgts

34814 # 22642 E5 E 34814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-5 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Bernard Cross

(a) Residence: No. 1635 E. Monument St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-16-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Allen Cross
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Beatrice Nukey
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date Apr 23, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

FILED Apr 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19-37, 19..., to 4-21-, 1937
I last saw him alive on 4-21- 1937. Death is said to have occurred on the date stated above, at 2 1/2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, N. (Primary)	4-13-37
Other contributory causes of importance: Convulsions, unattended	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R B Josey M. D.
(Address) Baltimore City Hospital

F 34815

34815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. Ward 27-18)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Ayers

(a) Residence: No. 2222 Linwood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Leon Ayers

14. BIRTHPLACE (city or town) (State or country) New York City N.Y.

MOTHER

15. MAIDEN NAME C. Cardenas

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs. Leon Ayers

(Address) 2222 Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Apr. 23 1937

19. UNDERTAKER W. J. Fisher & Son

(Address) Baltimore, Md.

20. FILED R 23 1937 Washington D.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937 to April 22, 1937

I last saw him alive on April 22, 1937 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

congenital Heart lesion — Date of onset

Other contributory causes of importance:

Jaundice -

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. J. Kimball M. D.

(Address) West Balto. General Hosp.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34816 — CERTIFICATE OF DEATH — 82-8 F 34816

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Cleveland St. St. 21-2 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Fallon

(a) Residence: No. 1224 Cleveland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Robert J. Fallon

6. DATE OF BIRTH (month, day, year) July 4, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 54	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

FATHER

13. NAME Wilson

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Robert J. Fallon
(Address) 1224 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Cemetery Date April 24 1937

19. UNDERTAKER Ambrose, Inc.
(Address) 917 W. Lexington St.

APR 23 1937 Registered by Charlotte Pritchard, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/16, 1937, to 4/21, 1937.
I last saw her alive on 4/21, 1937. Death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/16/37
Other contributory causes of importance: Bronchopneumonia	4/19/37

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph E. Laukaitis, M. D.

(Address) 679 Washington Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31817 — 8-2 — 49-a — F 31817

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Krieffner

(a) Residence: No. 3214 E. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fritz Krieffner

6. DATE OF BIRTH (month, day, year) Mar 29. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Gaenssle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Eleanor Ewing
(Address) 1724 E 25th St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Apr 24 1937

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St

APR 23 1937 ..... 19 .....

..... Registrar.

At Hospital for Consultation, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18 1937 to April 21 1937

I last saw h.. alive on April 21 1937 Death is said to have occurred on the date stated above, at 8 35/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary with Generalized Carcinomatosis	3 mo.
Other contributory causes of importance: Secondary Anemia	3 mo.

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Joseph Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 34818

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 Barclay St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arsanna Campbell

If U. S. Veteran specify WAR

(a) Residence: No. 2423 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Croome E Campbell

6. DATE OF BIRTH (month, day, year) Mar 9 - 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME John Morgan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Custard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs R Donnelly

(Address) 3818 Tudor Arms Apt

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date Apr 23 1937

19. UNDERTAKER John Ulrich

(Address) 900 E Preston

20. FILED APR 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937, to April 21, 1937

I last saw her alive on April 20, 1937. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation ----- Clinical Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thompson Dunn M. D.

(Address) 101 East 25th Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34819 131 F 34819

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Parksley St. St., 25 Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME G. William Wiseman

If U.S. Veteran specify WAR .....

(a) Residence: No. 1912 Parksley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda Wiseman

6. DATE OF BIRTH (month, day, year) February 16, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith B & O RR

10. Date deceased last worked at this occupation (month and year) July 1933

11. Total time (years) spent in this occupation 54 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Wiseman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Casandra Shipley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ella I. Crook

(Address) 1630 Sexton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 24 1937

19. UNDERTAKER Ella I. Crook

(Address) 1003 W. Baltimore St.

APR 23 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1937 to April 21, 1937

I last saw him alive on April 20, 1937 Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset
Arterio Sclerosis
Mitral Regurgitation ? Years

Other contributory causes of importance:

Cerebral Embolism with right side hemiplegia 9 days

Was operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, how?

(Signed) Chas M. Kieffer M. D.

(Address) 2470 Washington Blvd.

✓ F 34820

34820 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. 1529

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rayner Ave. Dukeland St. Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Samuel Yaffee — If U.S. Veteran specify WAR ....

(a) Residence: No. 3917 Bonnieview Road St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Rayna Yaffie

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Anshel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ray

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Herzog Rem. April 23/37

19. UNDERTAKER Jack Lewis Inc.
(Address) 1432 E. Oriole St.

R 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12th, 1937, to April 22nd, 1937

I last saw him alive on April 22nd, 1937. Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus septicemia	4-5-37
Contusion of neck	3-20-37
Other contributory causes of importance: Bronchopneumonia	4-7-37

Was an operation performed? no Date of ....

For what disease or injury? ....

What test confirmed diagnosis? X-ray blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ....

(Signed) H.S. Gumbel M. D.
(Address) West Balto. General Hosp.

F 34821

34821 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

127

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Joseph Hospital St., 7-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Otto Stocker

(a) Residence: No. 910 N. Patterson Pk. Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Stocker

6. DATE OF BIRTH (month, day, year) June 6, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	10	15-16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert Stocker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mollie Lubba

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Stocker
(Address) 910 N Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 26, 1937

19. UNDERTAKER Frank Brach Son
(Address) 1916 Eastern Ave

20. FILED ..... 19.....
JUN 23 1937 Registrar.
Stewart, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937 to April 22, 1937.
I last saw him alive on April 22, 1937. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema & Gall Bladder	April 13, 37
Broncho Pneumonia	4-20-37

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-14-37
For what disease or injury? Empyema & Gall Bladder
Name of operation Cholecystotomy
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury - , 19.....
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place -
Manner of injury -
Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank E. Stephenson, M. D.
(Address) St Joseph Hospital

34822 # 2774 SF F 34822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Schepanoky or Schepansky

(a) Residence: No. 1739 S. Broadway St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-22-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Tony

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mery

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 23 1937, 19...

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED Per H. A. Kopre, 19...
Registrar

APR 23 1937 3176 Deputy, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1935 to 4-20, 1937

I last saw h/ alive on 4-20, 1937 Death is said to have occurred on the date stated above, at 5-10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-20-37
Other contributory causes of importance: Hypertensive Heart Dis.	unk

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

F 34823 ✓ F 34823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1684 Darley Ave St. 8-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Anna M. Kochenlein

If U.S. Veteran specify WAR .....

(a) Residence: No. 1684 Darley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Kochenlein

6. DATE OF BIRTH (month, day, year) July 26. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis X. Dietzway

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdalene Schleupner

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John J. Kochenlein
(Address) 1684 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Apr. 24 1937

19. UNDERTAKER Mr. Mrs. John W Teufel & Son
(Address) 801 W. Fayette St

APR 23 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19/35. 19.. to Apr. 22/37. 19..
I last saw her alive on Apr. 21/37. 19.. Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Paranchymatous Nephritis.	Unknown.
Other contributory causes of importance:	
Mitral Regurgitation.	Unknown.

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. J. Heath Chas. J. Heath M.D.

(Address) 933 Hanover st.

F 34824

31821

HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 16-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Girl Schultheis, If U. S. Veteran specify WAR .....

(a) Residence: No. 1842 N. Pratt St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-22-37

7. AGE Years	Months	Days	if LESS than 1 day, ...hrs. or ....min.
15 minutes			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Schultheis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Erma Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Erma Schultheis
(Address) 1842 N. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Olivet Cemetery Date April 23 1937

19. UNDERTAKER George [illegible] Sons
(Address) 212 Lexington Ave.

APR 23 1937 [illegible]

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-22- 1937 to 4-22- 1937

I last saw her alive on 4-22-37 1937. Death is said to have occurred on the date stated above, at 5.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
5½ Month Abortion	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Louis L. Llewellyn M. D.

(Address) St. Agnes Hospital

34825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 34825

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No.) 5322 Kinnard Ave St. 27-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Edward Jockel — If U. S. Veteran specify WAR

(a) Residence: No. 5322 Kinnard Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude H.

6. DATE OF BIRTH (month, day, year) Aug 22 1902

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
34	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick W. Jockel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Doose

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr Frederick Jockel
(Address) 5322 Kinnard Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 25 1937

19. UNDERTAKER Wareham G. Tucker & Sons
(Address) North & Penna. Aves

20. FILED [illegible] (Registrar)

APR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to April 22, 1937

I last saw h[illegible] alive on April 22, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	Feb. 37.
Acute myocarditis	Mar 37

Other contributory causes of importance:

None known

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

34826

HEALTH DEPARTMENT—CITY OF BALTIMORE

34826

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5509 Park Heights St., 27-19 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. if of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George Adam Meyers

If U. S. Veteran specify WAR None

(a) Residence: No. 5509 Park Heights St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Married)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth A Meyers

6. DATE OF BIRTH (month, day, year) March 25-1876

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	57	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) Apl 16 37

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles F Meyers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Adler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Elizabeth Meyers

(Address) 5509 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Apr 24, 1937

19. UNDERTAKER W J Jenkins Sons

(Address) Reisterstown Md

20. FILED ..... 19..... Registrar.

23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937, to April 21, 1937

I last saw him alive on April 20, 1937. Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Focal Infection, ? Pneumonia	

Other contributory causes of importance:

I would say an over taxed nervous system Nervous breakdown

Was an operation performed? No Date of —

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury.....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If no, specify —

(Signed) R O Carman M. D.

(Address) 1701 N Caroline St

HEALTH DEPARTMENT—CITY OF BALTIMORE

34827 CERTIFICATE OF DEATH 93-2 F 34827

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Willow Ave St. 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Louise Lardukey

If U.S. Veteran specify WAR .....

(a) Residence: No. 513 Willow ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas E Lardukey

6. DATE OF BIRTH (month, day, year) April 6 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

FATHER

13. NAME Louis Mead

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Louisa ?

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Florence E. Lardukey

(Address) 513 Willow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 24 1937

19. UNDERTAKER Albert W Deregan

(Address) 440 E North Ave

Baltimore, Md

R 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1937 to April 21, 1937

I last saw her alive on April 21, 1937 Death is said to have occurred on the date stated above, at 10:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with	?
Hypertension	?
Chronic Myocarditis	

Other contributory causes of importance:

Pulmonary Edema	April 21 '37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Lloyd E. Saylor M. D.

(Address) 3957 York Rd.

34828 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34828

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 27-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Myron Adams If U. S. Veteran specify WAR World War.

(a) Residence: No. Roland Park Apts., Balto. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Clementine W. Warfield

6. DATE OF BIRTH (month, day, year) July 29, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive-President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of: J. M. Adams Floor Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Rochester, N.Y.

FATHER

13. NAME Abner Adams

14. BIRTHPLACE (city or town) (State or country) E. Bloomfield, N.Y.

MOTHER

15. MAIDEN NAME Minerva French

16. BIRTHPLACE (city or town) (State or country) E. Bloomfield, N.Y.

17. INFORMANT Records- U.S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 24, 1937

19. UNDERTAKER Wm. J. Fickus & Sons
(Address) Funeral Parlors

APR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, to April 22, 1937.

I last saw him alive on April 22, 1937. Death is said to have occurred on the date stated above, at 7:32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease, mitral stenosis	unknown
Myocardial insufficiency	terminal
Arteriosclerosis, general	unknown

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) I. B. H. Anderson, M. D.
(Address) U.S. Marine Hospital, Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34829

CERTIFICATE OF DEATH

95-13

F 34829

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 10-1 (St., Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Egan

(a) Residence: No. 920 E. Chase St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	70?	c	c	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): c

11. Total time (years) spent in this occupation: c

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Martin Egan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine O'Connor

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr Joseph Egan

(Address): 920 E Chase St

18. BURIAL, CREMATION, OR REMOVAL: St Joseph Cemetery Towson Md Date: April 24, 37

19. UNDERTAKER: Edgar W. Corkelius

(Address): 927 E. Fayette St.

APR 23 1937

Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to April 22, 1937

I last saw h.er alive on April 22, 1937 Death is said to have occurred on the date stated above, at 7.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Heart disease & Congestive failure	3 Mo
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury....., 19.....

Where did Injury occur? —

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) Francis R Stephenson M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34830 ✓ 23 F 34830

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 N Schroeder St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lucile Valiton

(a) Residence: No. 111 N Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Valiton

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. factory work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1056

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME Hattie King

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Charles Valiton
(Address) 111 N Schroeder

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Apr 25 1937

19. UNDERTAKER James Sadaro
(Address) 142 Watts St

FILED [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphocytic Phthisis	April 2 1937

Other contributory causes of importance: .....

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 507 Cathedral St

OCCUPATION is very important. See instructions.

V S 6

34831

F 34831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 610 Claymount St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 91 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Juliet Francis Weaver. If U. S. Veteran specify WAR .....

(a) Residence: No. 610 Claymount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund C. J. Weaver.

6. DATE OF BIRTH (month, day, year) Dec 19 - 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	5 4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jonathan Painkard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth McCall

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Blanch C Lockard
(Address) 610 Claymount Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. April 4 1937

19. UNDERTAKER Charles P Towell
(Address) 2427 Edmondson Ave. Balto.

20. FILED April 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1936, to April 2, 1937

I last saw her alive on April 2, 1937, Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	3/20/37
Other contributory causes of importance: Arterio-Sclerosis.	

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph N Zierler M. D.

(Address) 1207-8 Fidelity Bldg. Balto.

34832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34832

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1209 Eutaw Place St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Samuel

If U. S. Veteran, specify WAR

(a) Residence: No. 1209 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie B. Samuel

6. DATE OF BIRTH (month, day, year) Aug. 2, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Herman Samuel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Jennie Hecht

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Cerrye Samuel
(Address) 1209 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Cem. Date Apr. 25, 19 37

19. UNDERTAKER Reid Sondheim & Son
(Address) 1902 Eutaw Place

23 1937 Huntington Avenue, N.B.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22, 19 37

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to 4/22/ 19 37

I last saw h~~im~~ alive on 4/21/ 19 37. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/2/35
Other contributory causes of importance: Myocarditis Myocardial Infarct	1/15/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No.

(Signed) Theodore N. Morrison M. D.

(Address) 1013 N. Charles St.

AACo. 5-31 250B

34833 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34833

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1513 W Saratoga St. 19-1 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Harrison Branch Robinson

(a) Residence: No. 1513 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Robinson

6. DATE OF BIRTH (month, day, year) 11/30 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Dinwid Co Virginia

FATHER

13. NAME Dave White

14. BIRTHPLACE (city or town) (State or country) Dinwid Co Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Ethel W Otsley
(Address) 1513 W Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date April 25 1937

19. UNDERTAKER Joseph A Sisely
(Address) 1630 Mount St

20. Apr 25 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1937

22. I HEREBY CERTIFY, That I attended, deceased from 4/10, 1937, to 4/21, 1937

I last saw her alive on 4/20, 1937 death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic nephritis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Druen, M. D.

(Address) 1224 Dill St.

327622 E 21834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34831 -46-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellis Wise

If U. S. Veteran specify WAR .....

(a) Residence: No. 1601 Youngs Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/20/60?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Taylor Wise

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Burdeson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Apr 24 37

19. UNDERTAKER Robert E Wickham
(Address) 115-15 N. Eutaw St

20. FILED ..... Registrar

APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to April 20, 1937

I last saw him alive on April 20, 1937 Death is said to have occurred on the date stated above, at 1.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
(over)	
Other contributory causes of importance: Biliary obstruction	

Was an operation performed? yes Date of 4-17-37

For what disease or injury? Carcinoma

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

34835 34835

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Freeman

(a) Residence: No. 1726 Orleans St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Freeman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Freeman
(Address) 1726 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date April 24 37

19. UNDERTAKER Robert F Stallmeyer
(Address) 15-15 N Eutaw St

20. FILED APR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/1937

22. I HEREBY CERTIFY, That I attended deceased from 4/20/37, 19..., to 4/21/37, 19...

I last saw him alive on 4/21/37, 19... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc	
Tbc Meningitis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter E Barfoot M.D.

(Address) University Hosp.

(Dr. says he will be down here to Register)

HEALTH DEPARTMENT—CITY OF BALTIMORE

34836 F 34836

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 14-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify W[illegible] Records

2. FULL NAME Henrietta Ortel

since 1911

(a) Residence: No. Balto. City Hospt. Infirmary St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21st 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Ortel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Singer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Smith

(Address) 3114 E. Fayette st

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date April 26th 1937

19. UNDERTAKER W. J. Cook

(Address) 1217 St Paul St

24 1937 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-10, 1911, to 4-22, 1937

I last saw h[illegible] alive on 4-22, 1937 Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	Feb 20th
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

✓ F 34837

34837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary 6-5 St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Katie May.

(a) Residence: No. Church Home + Infirmary Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of David May

6. DATE OF BIRTH (month, day, year) 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME David Humphries

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME [illegible] McLeod

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT [illegible] Records

(Address) Church Home Infirmary

18. BURIAL, CREMATION, OR REMOVAL

Place Ivy Hill Alexandria Va Date April 26th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

24 1937 Huntington Indiana

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1937, 19.., to April 23, 1937

I last saw her alive on April 23, 1937. Death is said to have occurred on the date stated above, at 8:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	4/16/37
Arteriosclerotic cardio-vascular renal disease.	1916
Cerebral arteriosclerosis	??

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? C. L. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Myers. M. D.

(Address) Church Home & Inf'y.

18838 E 18838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 E Eddle St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A Rudebuger

If U. S. Veteran specify WAR

(a) Residence: No. 403 E Eddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lothe Rudebuger

6. DATE OF BIRTH (month, day, year) May 30 1823

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cement Co.

10. Date deceased last worked at this occupation (month and year) Oct. 23. 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Chas Rudebuger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Anderson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas Rudebuger
(Address) 403 E Eddle St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 4/26 1937

19. UNDERTAKER Wilson & Pyle
(Address) 1211 Eutaw St

Registrar.

APR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to April 23, 1937

I last saw h[illegible] alive on April 23, 1937. Death is said to have occurred on the date stated above, at 12 noon M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral accident (Hemorrhage)	
Other contributory causes of importance: Hypertension	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. G. Grant, M. D.

(Address) 1123 N. Paul St.

M. D. H. 1268-9

F 34839

34839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Garage in rear of

CITY OF BALTIMORE: (No. 2024 Park Ave. St. 13-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ridgely Patterson Stier.

(a) Residence: No. 2024 Park Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Heinlein Stier

6. DATE OF BIRTH (month, day, year) June 13, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Salesman

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Perryman. Maryland

FATHER

13. NAME Dr. J. Hugh Stier.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lily Patterson

16. BIRTHPLACE (city or town) (State or country) Perryman Maryland.

17. INFORMANT Mrs. Helen Stier

(Address) 2024 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Spesutia Cem. Date Apr 24, 1937

19. UNDERTAKER Henry W. Mears Son

(Address) 805 N. Calvert St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4-22-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

24 1937

F 34840 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22665

CERTIFICATE OF DEATH

95-B F 34840

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 23-1 St. or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Willis

If U. S. Veteran specify WAR

(a) Residence: No. 128 W. Fort Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Al Willis

6. DATE OF BIRTH (month, day, year) 3/23/1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Frank Sohl

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Katherine ?

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date April 26 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St

Filed ... Registrar.

APR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1937, to 4-22, 1937

I last saw h[illegible] alive on 4-22 1937 Death is said to have occurred on the date stated above, at 7 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance:	
Arteria-sclerotic cordis-	2
vascular disease	(

Was an operation performed? Not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Howe M. D.

(Address) Balt. City Hosp.

34841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** DR 34841

CERTIFICATE OF DEATH

34c-107a

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. 42-6 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David A. Myers If U. S. Veteran specify WAR SAW & WW

(a) Residence: No. Soldiers Home, St., Washington, D C Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) March 2, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manor, Long Island, N.Y.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Wells

16. BIRTHPLACE (city or town) (State or country) Bellport, L.I., N.Y.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Balto National Cem Date April 26 1937

19. UNDERTAKER Robert Brooks Dixon (Address) Colborn & Hollins Sts

20. FILED APR 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9 1937 to April 22 1937

I last saw him alive on April 22 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary, cardiovascular	1898
Aneurysm of descending aorta, thoracic	unknown

Other contributory causes of importance:

Obstruction of esophagus	over 10 days
Pneumonia, lobular, terminal	terminal

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. B. W. Anderson M. D.
(Address) U. S. Marine Hospital, Balto. Md.

H

M. D. B. 1268-9

34842 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 34842

CERTIFICATE OF DEATH 135

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William Hofmeister

(a) Residence: No. 147 S. Linwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hofmeister

6. DATE OF BIRTH (month, day, year) Sept. 10, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Hofmeister

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine E. Lucius

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Schulbe

(Address) 20 N. Rolling Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 4/24/37

19. UNDERTAKER Henry Sander & Son, Inc.

Address Baltimore St. & Broadway

APR 24 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to April 21, 1937

I last saw h. alive on April 21, 1937. Death is said to have occurred on the date stated above, at 12.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	4/19/37
	over
Other contributory causes of importance: Urinary extravasation due to ureteral fistula into anterior abdominal wall	4/19/37

Name of operation Excision of anterior abdominal wall Date of 4/19/37

What test confirmed diagnosis? Clin. Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

Myrtle P White

34843

HEALTH DEPARTMENT—CITY OF BALTIMORE

34843

CERTIFICATE OF DEATH

X 130

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Md. Hosp. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 8 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME Myrtle P. White

(a) Residence: No. [illegible] St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley P White

6. DATE OF BIRTH (month, day, year) Sept 17 1899

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
37	7	206	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Magotty A. A. Co. Md

FATHER

13. NAME Grafton Duvall

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME Ida Jenkins

16. BIRTHPLACE (city or town) (State or country) Magotty Md

17. INFORMANT Mr. Wesley P. White

(Address) Pasadena Md.

18. BURIAL, CREMATION, OR REMOVAL Magotty Cem Date April 27 1937

19. UNDERTAKER John F Denny

(Address) 712 Light St

APR 24 1937 [illegible] for [illegible], Registrar, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-37

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937, to April 23, 1937

I last saw h[illegible] alive on April 23, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) [illegible] M. D.

(Address) University Hospital

V S 3

34844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 34844

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St., 10 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Black

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 1 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME John Black

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Apr. 26, 1937

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED APR 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, to Apr 23 1937

I last saw h[illegible] alive on Apr 23 1937. Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance: Chronic Nephritis	?
Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Autopsy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Del Baker M. D.

(Address) 114 Harper St

Attending Phys. and M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34845 CERTIFICATE OF DEATH 1937 F 34845

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel Waters

(a) Residence: No. Slemmers Run St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Cora Waters

6. DATE OF BIRTH (month, day, year) August 4th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanford Co. Md.

FATHER

13. NAME Moses A. Waters

14. BIRTHPLACE (city or town) (State or country) Hanford Co Md.

MOTHER

15. MAIDEN NAME Mary Allen Barnes

16. BIRTHPLACE (city or town) (State or country) Hanford Co Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April 25th 1937

19. UNDERTAKER Thos. Peter McElhiney & daughter

(Address) 1124 N. Carrollton Ave.

20. FILED 19 Registrar.

FR 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19 1937 to April 21 1937

I last saw h. alive on April 20 1937. Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocardial Heart disease.	?
Cardiac decompensation	?
Other contributory causes of importance: Myocardial degeneration	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Wallis Shenton M. D.

(Address) 1606 Penna. Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

O.K. - Paul Schenker M.D.

F 34846 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34846

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1801 Arlington ST. 27-9 WARD)

2—FULL NAME Evelyn James.

(a) RESIDENCE NO. 1801 Arlington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 25th 1925

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	11	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work school

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md. Balto

PARENTS

10 NAME OF FATHER Joseph James

11 BIRTHPLACE OF FATHER (city or town) (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Willie L. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga.

14 Informant Annie Gaither-Grandmother

(Address) 1801 Arlington Ave-Balto

FILED APR 24 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24, 1937

17

I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 24, 1937.

that I last saw h alive on April 23, 1937

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Failure.

(Possible Nephritis)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Measles

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) Claud Swink, M. D.

4/24/37 (Address) 4706-Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem DATE OF BURIAL April 24 1937

20 UNDERTAKER Mrs. Robert A. Elliott-Undertaker ADDRESS 1129 N. Gay St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

31847 59 F 31847

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3113 Mc Elderry St 7-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Tyler

If U. S. Veteran specify WAR

(a) Residence: No. 3113 Mc Elderry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Tyler

6. DATE OF BIRTH (month, day, year) April 7, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1920

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Estelle M Sullivan
(Address) 2409 Brambleton Rd Norfolk Va

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 26, 37

19. UNDERTAKER John A Nolan
(Address) 3000 E. Baltimore St.

APR 24 1937 Huntington Publishing Co., Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to April 22, 1937

I last saw him alive on April 22, 1937 Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/16/37
Other contributory causes of importance:	
Diabetes Mellitus	?
Cerebral Embolism	10 yrs.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert P. Schwartz M. D.

(Address) 2959 E. Eldorado St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34848 93c F 34848

Registered No. 15-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 Dorchester St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William B. Crane

(a) Residence: No. 3901 Dorchester Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanora Crane

6. DATE OF BIRTH (month, day, year) July 17, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	5 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James D. Crane

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Olivia Williams

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Olive Osborn

(Address) 3901 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 26 1937

19. UNDERTAKER Geo. J. Smith

(Address) 1905 Eutaw Place

Baltimore, Md.

APR 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 130 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Irvin Crane M. D.
Coroner

(Address) 1210 Hamburg

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34849 — CERTIFICATE OF DEATH — 1108 — F 34849

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1646 N Bentalow St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles L. Twamley

If U. S. Veteran specify WAR

(a) Residence: No. 1646 N. Bentalow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie J. Twamley

6. DATE OF BIRTH (month, day, year) Dec. 16. 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Reader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0086

12. BIRTHPLACE (city or town) (State or country) Tho' New York

FATHER

13. NAME Isaac Twamley

14. BIRTHPLACE (city or town) (State or country) Tho' New York

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. Marie J. Twamley
(Address) 1646 N. Bentalow St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 24, 1937

19. UNDERTAKER F. B. Thibert & Son
(Address) 1300 Eutaw Place

20. FILED [illegible] 1937 [illegible]
Registrar

OCCUPATION IS VERY Important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937 to April 22, 1937

I last saw h.im alive on April 22, 1937. Death is said to have occurred on the date stated above, at 2.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-16-37
Other contributory causes of importance: Cardiac Insufficiency	1 day

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Boyce R. Wiseley M. D.

(Address) 4000 Edmondson Ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34850 ✓107-a F 34850

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3006 Ruxchert Ave. ST., 28th WARD) 27-2

2—FULL NAME Mrs. Katherine C. Dietz.

(a) RESIDENCE NO. 3006 Ruxchert Ave ST., 28th WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female.	White	Widowed

5a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Frederick George Dietz

6 DATE OF BIRTH (month, day, and year) Oct 22, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	6	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home. 00837

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Wurttemburg,
(State or country) Germany.

PARENTS

10 NAME OF FATHER Jacob Allmendinger.

11 BIRTHPLACE OF FATHER (city or town) Wurttemburg.
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country) Germany.

14 Informant Mrs. Rose W. Spiess.
(Address) 3006 Ruxchert Ave.

24 1937 Filed Huntington Phillips, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1937.

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to April 23, 1937,
that I last saw her alive on April 23, 1937
and that death occurred, on the date stated above, at 4 55 P. m.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)
Acute hypostatic congestion (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Physical examination.

(Signed) E. W. Sickel, M. D.

, 19 (Address) 5129 Harford Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	4-26-1937
20 UNDERTAKER	ADDRESS
F. S. Wippert	301 Eutaw Place

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34851

CERTIFICATE OF DEATH 53E

F 34851

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Chilton ST., 9-6 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Adeline Hudgins

(a) RESIDENCE NO. 1607 Chilton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	W.	Married.

5a If married, widowed, or divorced (or) WIFE of William T. Hudgins

6 DATE OF BIRTH (month, day, and year) Dec. 2, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	54	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Christian Heimiller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Minnie Bischen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Hanover Germany

14 Informant Mr William T. Hudgins

(Address) 1607 Chilton St.

Date received 4-24-1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/23/37

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1936 to April 23 1937.

that I last saw her alive on April 23 1937

and that death occurred, on the date stated above, at 6 00 A m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma (Brill type)

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Biopsy

(Signed) E. Eugene Covington, M. D.

, 19 (Address) 23 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ Baltimore Cemetery DATE OF BURIAL April 26 1937

20 UNDERTAKER H. Wilton Schilling ADDRESS 1122 E. Monument St

M. D. H. 1268-9

F 34852

34852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 6-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Dubner

If U. S. Veteran specify WAR

(a) Residence: No. 2040 E. Balto. St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	divorced

8a. If ~~married, widowed,~~ or divorced HUSBAND of (or) WIFE of Henry Dubner

6. DATE OF BIRTH (month, day, year) Mar. 28-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stoner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mathew Sifod

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Catherine Keck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Armon Dubner

(Address) 2312 Orleans St

18. BURIAL, CREMATION, OR REMOVAL.

Place Balto. Cem. Date April 27 1937

19. UNDERTAKER Philip Herring Sons

(Address) 2016 Orleans St

24 1937 [illegible]

17

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 21. 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquiry thereon and from the evidence (Inquest, Autopsy, or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
for Bichloride of Mercury Poisoning	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury April 21, 1937

Where did injury occur? Balto Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home - 2040 E. Balto St

Manner of injury Swallowed Bichloride of Mercury Tabs

Nature of injury Acute Nephritis.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Wright, M. D.

(Address) 1010 S. Gilmor Street, Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 34853

34853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1-5

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 421 S. Exeter St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marion Ruszczewski, Jr.

(a) Residence: No. 421 S. Exeter St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Apr. 22-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Marion Ruszczewski Sr

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Bidoszewski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Marion Ruszczewski

(Address) 421 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Cross Cemetery Date April 27, 1937

19. UNDERTAKER Zell & Foster Inc.

(Address) 420 W. Lafayette St.

APR 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, to April 24, 1937

I last saw h. alive on April 24, 1937. Death is said to have occurred on the date stated above, at 8:A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (8 months)	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Nelson J. Krupa M. D.

(Address) 209 S. Exeter St.

OCCUPATION is very important. See instructions on back of certificate.

22832

34854 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 34854

CERTIFICATE OF DEATH

✓ 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 16-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME B. Boy Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 1304 W. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-18-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5 days		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Fred

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Willie May Brodie

16. BIRTHPLACE (city or town) N. C.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Int Lindsay Date 4-25 1937

19. UNDERTAKER Jas. M. Skinner
(Address) 1120 Druid Hill Ave

FILED ..... 19 ..... Registrar.

24793 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-23 1937 to 4-23 1937

I last saw him alive on 4-23 1937 Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra cranial Hemorrhage due to Birth Injury	4-18-37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) R B Josey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 34855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 7-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mns. 2 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Windsor Daigle — If U. S. Veteran specify WAR ____

(a) Residence: No. Church Point St. La Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/16/31

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	5	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La

FATHER

13. NAME Windsor Daigle

14. BIRTHPLACE (city or town) (State or country) La

MOTHER

15. MAIDEN NAME Ira Harmon

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT Reynolds

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Church Point La Apr 26 37

19. UNDERTAKER John O'Mitchell & Sons

(Address) 1600 Eutaw Place

20. FILED ____ 19 ____ [illegible]

R 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24. 19 37

22. I HEREBY CERTIFY, That I attended deceased from Apr 22 19 37 to Apr 24 19 37

I last saw him alive on Apr 24 19 37 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Cysts	life
Other contributory causes of importance: Operative Shock	

Was an operation performed? Yes Date of 4-24-37

For what disease or injury? Cerebellar Cysts

Name of operation Evacuation of Cysts

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) A. F. Jonas, M. D.

(Address) Johns Hopkins Hospital

OCCUPATIONS IS VERY important. ... INSTRUCTIONS ON BACK

F. D. F 34856 — Hannah E Stokes — F 34856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 209M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 9-8 (Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hanna Elizabeth Stokes — If U. S. Veteran specify WAR ...

(a) Residence: No. 1248 E. North Ave. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: W. O. Stokes

6. DATE OF BIRTH (month, day, year): July 17, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 6021

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Wm. Hughes

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Clara M Hutchins

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Wm. Whiteford, Jarrettsville Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Bethel Cem. Date: Apr 27 37

19. UNDERTAKER (Address): Hoffmeier E. Lexington Ave. Baltimore Md.

20. FILED APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 24, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	
Duration Several Days	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury April 23 1937

Where did injury occur? 200 block Edmondson Ave (Specify city or town and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Struck by Street Car

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Norris Coroner, M. D.

(Address) 2737 Lake Ave

34857 E 34857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-13 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 13 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Lessler

(a) Residence: No. 2819 W. Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 4-25-36

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Baltimore St.

20. FILED [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/11/37, 19, to 4/24/37, 19

I last saw her alive on 4/24/37, 19. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	
Abscess of Kidney	
Abscess of Lung	
Staphylococcus Meningitis	
Other contributory causes of importance:	
Diabetes Mellitus	
Hypertension	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. Jaffey, M. D.

(Address) Sinai Hospital

VS 9

34858

HEALTH DEPARTMENT—CITY OF BALTIMORE

34858

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or Institution, give Its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 37 yrs. mos. ds.

2. FULL NAME David Goldberg

If U. S. Veteran specify WAR

(a) Residence: No. 1208 N. Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeannette

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hirsch

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 4/25/37

19. UNDERTAKER Jas. J. Lewis Inc.
(Address) 1436 E. Baltimore St.

20. FILED Apr 25 1937 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2-37, 19..., to 4-24-37, 19...

I last saw him alive on 4-24-37, 19... Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding Gastric ulcer	4-1-37
Bronchopneumonia	4-21-37
Uremia	4-23-37

Other contributory causes of importance:

Was an operation performed? YES Date of 4-12-37

For what disease or injury? Bleeding gastric ulcer

Name of operation Resection of gastric ulcer

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. J. Miskin, M. D.

(Address) Sinai Hosp.

Florence E Sluter ✓ F 34859

F 34859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 186-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Baltimore General Hospital (Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR

2. FULL NAME Florence E. Sluter
(a) Residence: No. 3627 Greenmount Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
10. Date deceased last worked at this occupation (month, day, year) 4/16/37
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Florence E. Sluter
14. BIRTHPLACE (city or town) (State or country) Shrewsberry Pa.

FATHER

15. MAIDEN NAME Elizabeth Lang
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward F. Sluter
(Address) 2028 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 21 1937

19. UNDERTAKER Geo W. Little
(Address) 2220 Edmondson Ave

19a. FILED APR 23 1937 19 ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) and that said deceased came deathed by said (Inquest, Autopsy or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Left femur	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 4/16 1937
Where did Injury occur? In alley back of Emerson Bldg
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On Street near curb
Manner of injury Tripped & stumbled & fell.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry Krieger, M. D.
Coroner
(Address) 216 Hanover

R 23 1937

34860

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34860

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Ruffin

If U. S. Veteran specify WAR

(a) Residence: No. Mt Airy, Carroll county St., Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown (wife)

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month) and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Philip G Spencer

(Address) Mt Airy Carroll county MD

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Cem Date April 27 1937

19. UNDERTAKER Chas. Schaefer & Bro

(Address) Baltimore Md

20. FILED 19 Registrar

R. 25 1937 Clayton Polkinhorn, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937 to April 24, 1937

I last saw h.. alive on April 24, 1937 Death is said to have occurred on the date stated above, at 9 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	
Mitral Heart disease	
Hypertrophied prostate	2 yrs
Other contributory causes of importance:	
Left inguinal Hernia	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Howard M. D.

(Address) Provident Hospital

34861 ✓ F 34861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2351 Eutaw Pl. 13-2nd 186-A

CITY OF BALTIMORE: (No. ..... St. ..... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esther Spritz.

If U.S. Veteran specify WAR .....

(a) Residence: No. 2351 Eutaw Pl. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry (Late)

6. DATE OF BIRTH (month, day, year) Dec. 25, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 yr.	4 mos.	3	24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Samuel Leritas

14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Bernard Spritz.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Herbert Rosedale Date April 25/37

19. UNDERTAKER Sol Levinson & Bro.
(Address) 1127 E Balto St

FILED R 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/21 1937 to 4/24 1937

I last saw her alive on 4/24 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4/22/37
Chronic Myocarditis	1 year
Hypertension.	1 year
Fracture L leg Chronic	1931

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/16/37

Where did injury occur? 2351 Eutaw Place.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fall down Stairway

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.

(Address) 2320 Eutaw Pl

Bertha Smith ✓ F 34862

F 34862 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 107-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1413 Mc Culloh St-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U.S. Veteran specify WAR ...

2. FULL NAME Bertha Smith

(a) Residence: No. 1413 Mc Culloh St Ward (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos Smith

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Nonyaud Monk

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Blanche Jeter (Address) 1713 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL Date Apr 28 1937

Place Richmond Va

19. UNDERTAKER James A Hayes (Address) 142 N Fulton Ave

20. FILED ... 19 ... Registrar

APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 4/21/37 to 4/27/37

I last saw h... alive on 4/26/37 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Bronchial pneumonia	6 days	
Senility		
Contributory causes of importance: Influenza	7 days	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Lee Elkins M. D.

(Address) 424 Medical Arts Bldg

34863 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34863

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Rice

If U. S. Veteran specify WAR .....

(a) Residence: No. 1613 Druid Hill Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna R Rice

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Susan Rice

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Mrs Anna R Rice

(Address) 1613 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr. 25. 1937

19. UNDERTAKER Jos. H. Kerrigan

(Address) 1436 E. Biddle St

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an unexam (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said unexam (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	April 20 1937

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Unknown Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lloyd S. Allen M. D.

Coroner

(Address) 5 N Eutaw

OCCUPATION is very important. See instructions on back of certificate.

APR 25 1937

F 34864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34864 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1436 Homestead St. 4-6 Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran, specify WAR .....

2. FULL NAME Judson Day

(a) Residence: No. 1436 Homestead St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Day

6. DATE OF BIRTH (month, day, year) July 8 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70 yrs	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) New York State

FATHER

13. NAME Isaiah Day

14. BIRTHPLACE (city or town) (State or country) New York State

MOTHER

15. MAIDEN NAME Matilda Simons

16. BIRTHPLACE (city or town) (State or country) New York State

17. INFORMANT Mrs Anna C. Day Wife
(Address) 1436 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date April 26, 1937

19. UNDERTAKER Edmund W. Coughlin
(Address) 2746 Edmondson Ave

20. FILED APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to April 23 1937

I last saw h.. alive on April 23 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	June 2 1932
Other contributory causes of importance: Coronary Thrombosis	April 13 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas W Edmonds M. D.

(Address) 2746 Edmondson Blvd

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

M. [illegible] 34865 ✓ F 34865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 524 W Lanvale St., 17-X Ward)

Length of residence in city or town where death occurred 37 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Cora ~~Fall~~ Price

(a) Residence: No. 524 W Lanvale, St., ___ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Co	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Irving Price

6. DATE OF BIRTH (month, day, year): March 5 1873

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
64	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Samuel Johnson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Young

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Lucy Stephenson 524 W Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Zion Date: 4/26 '37

19. UNDERTAKER (Address): Isaiah L Bronson 1810 Montgomery St

[illegible] Filed [illegible]

APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/23 '37

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 '37 to 4/23 '37

I last saw her alive on Apr 21 '37. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Renal Vascular Hypertension Syndrome	2 Yrs
Other contributory causes of importance:	

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ '19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

21. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) B. F. Hatley, M. D.

(Address) 1755 E. Mo.

M. F B. 34866

✓ F 34866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 S Sharp St., 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie E Henry

(a) Residence: No. 713 S Sharp St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/16/1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46 47	7 6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herman Henry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emma Godin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Pulley

(Address) 713 S. Sharp St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/25/37 19

19. UNDERTAKER Isaac L Brown & Son

(Address) 28 W Monument St

FILED APR 25 1937 — by ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/37. 19

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937, to April 21, 1937

I last saw her alive on April 21, 1937. Death is said to have occurred on the date stated above, at 10 P, m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Bronchitis	April 14 1937
Arteriosclerosis	"

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — —, 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. K. Flood M. D.

(Address) 710 S. Sharp St

34867 E 34867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mr. TAI HOWE LEW
If U. S. Veteran specify WAR NONE

(a) Residence: No. 706 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Chinese	Married

5a. If married, widowed, or divorced
HUSBAND of —— or
WIFE of Leong Shee

6. DATE OF BIRTH (month, day, year) About 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) California

FATHER
13. NAME Gee
14. BIRTHPLACE (city or town) (State or country) China

MOTHER
15. MAIDEN NAME China
16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Mr. Herbert Lew (son)
(Address) 706 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date April 24 1937

19. UNDERTAKER Edward Mooney Company
(Address) 108 W. Mount Ave

20. FILED ..... 19..... Registrar.

APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APRIL 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from MARCH 24 1937 to APRIL 23 1937
I last saw h/M alive on APRIL 23 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA STOMACH	MAR. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Roland E. Byrne M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

34868 F 34868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Beverly Dolores Fetzon

(a) Residence: No. 4201 Hooper Ave (Arbutus St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16-1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Edgar Fetzon

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Eleanor M. Jackson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. John Edgar Fetzon

(Address) 4201 Hooper Ave (Arbutus)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 26-37

19. UNDERTAKER Ed. C. B. Sisbert & Son

(Address) 1302 Eutaw Place

20. FILED ... 19 ... Registrar.

APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows: | Date of onset

1. Fractured Skull
2. Hemorrhage

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 22 1937

Where did injury occur? Hooper Ave & Bush St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street

Manner of injury Struck by auto while on bicycle

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1966-a

F 34869

F 34869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Jefferson St., E. or W. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Mohr

(a) Residence: No. 1825 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Adaza Mohr

6. DATE OF BIRTH (month, day, year) Nov 26-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	27	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 0070

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Christian Mohr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emilia Sutter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Adaza Mohr

(Address) 1825 Jefferson

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date 4/26/37 19

19. UNDERTAKER Wm. Forrest Md

(Address) 4 E. Broadway

20. FILED 19

OCCUPATION is very important. See instructions on back of certificate.

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12. 1937 to April 23. 1937

I last saw h in alive on April 12. 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial-Pneumonia	11 Days
Other contributory causes of importance: Pulmonary Tuberculosis	2 Weeks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Horst M. D.

(Address) 418 N Washington

F 34870

34870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Maryland Gen. Hospital — Registered No.

CITY OF BALTIMORE: (No. 16 St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allen W. Hurtt — If U. S. Veteran specify WAR

(a) Residence: No. 2717 Presbury Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 19, 1917

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0079

10. Date deceased last worked at this occupation (month and year) April, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Allen V. Hurtt

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elma Phillips

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Allen V. Hurtt (Address) 2717 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date April 26, 1937

19. UNDERTAKER Richard W. Cooper (Address) 1620 Ashburton Ave

20. FILED [illegible] Registrar

APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 / 37 19

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1937, to 4-23, 1937

I last saw h[illegible] alive on 4-23, 1937. Death is said to have occurred on the date stated above, at 1:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia.	
Intestinal obstruction	20th
Cardiac failure.	

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. P. Stephens M. D.

(Address) Woodbourne Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 34871

34871 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Taylor Ridgely

If U. S. Veteran specify WAR .....

(a) Residence: No. Elliott City, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose V. Ridgely

6. DATE OF BIRTH (month, day, year) Sept. 2, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Boatbuilder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Zachary Taylor Ridgely

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ellen Cross

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Rose V Ridgely (Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL Place Ellicott City Md Date 4-28 1937

19. UNDERTAKER H. Dorsey Gatchell & Son (Address) Ellicott City Md

20. FILED ..... 19..... Registrar

APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1937, to 4-25, 1937

I last saw him alive on 4-25, 1937 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset Aug. 1936

Hypertensive cardio vascular renal disease 2 Cardiac Hypertrophy

Cerebral Hemorrhage 2 Arteriosclerosis 4-21-37

Other contributory causes of importance:

Bilateral Hydrothorax ?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. C. Briscoe, M. D.

(Address) Univ Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 34872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34872

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ... St., 2-2 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME J ... ☐ U. S. Veteran specify WAR ...

(a) Residence: No. 116 S. Durham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Jaworaki

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0012

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Jaworaki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Panter

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Catherine Jaworaki
(Address) 116 S. Durham St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date April 26, 19

19. UNDERTAKER Fred W Ozazewski
(Address) 1930 Eastern Ave.

FILED APR 26 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

34873 E 34873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH Md. Gen'l. Hosp. Registered No. 2705

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Gertrude Andrews If U. S. Veteran specify WAR No Record

(a) Residence: No. 6116 Sefton Ave. East Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Chas. Owen Andrews

6. DATE OF BIRTH (month, day, year) July 17th 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Wilson Dribel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriett E. Browning

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas. O. Andrews

(Address) 6116 Sefton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date April 26th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED R 29 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-4-1937 to 4-23-1937

I last saw her alive on 4-23-1937 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis — Date of onset

Ch. Cholecystitis

Other contributory causes of importance:

Coronary occlusion

Was an operation performed? Yes Date of 4-6-37

For what disease or injury? above

Name of operation Cholecystectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Ewald M.D.

(Address) Md. Gen'l. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

34874 E 34874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E Biddle St. 10-1 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR — No Record

2. FULL NAME Eugene S Miles

(a) Residence: No. 414 E Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna Miles
6. DATE OF BIRTH (month, day, year): Jan 8 1868
7. AGE: Years 69 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Common Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Terra Cotta Co
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 33 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Joshua Miles
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Mary E Dooley
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Anna Miles
(Address) 414 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 4-26-37

19. UNDERTAKER: Wilson & Pfeltz
(Address) 1217 E Baltimore St

20. FILED: Huntington Pittman, M.D. Registrar.

APR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937, to April 23, 1937. I last saw him alive on April 21, 1937. Death is said to have occurred on the date stated above, at 7:30 AM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: April 19 1937

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? no

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Harding M. D.

(Address) 4810 Reisterstown Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 34875

34875 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 22781 ST

CERTIFICATE OF DEATH

√108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-L Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Finegan

(a) Residence: No. 822 N. Curley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) 7/16/1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jefferson Dominic

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lawn Cem. Date April 24 1937

19. UNDERTAKER L. Miller & Son
(Address) 2334 Jefferson St.

20. FILED Apr 26 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1937 to 4-22, 1937

I last saw him alive on 4-22 1937 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	16 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm F. Ramsey, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

© VS 3-C

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34876

CERTIFICATE OF DEATH

167

F 34876

1. PLACE OF DEATH Southern Hotel

CITY OF BALTIMORE: (No. ~~Lond Bank~~ Hotel St., 4 - 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Schuener

If U. S. Veteran specify WAR .....

(a) Residence: No. Wash: D. C St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	(1) 20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date April 26 1937

19. UNDERTAKER John Cottrell Sons

(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar

APR 26 1937

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound of Head	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury April 16, 1937

Where did injury occur? Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Southern Hotel

Manner of injury Bullet Wound thru

Nature of injury Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elgin B Wallace M. D.

(Address) 1021 St Paul

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34877 F 34877

CERTIFICATE OF DEATH

468

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Union Memorial Hospital (b) 12 (Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Campbell

(a) Residence: No. 300 E. 22nd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 29 1875

7. AGE: Years 61 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Scotland

FATHER
13. NAME: John Campbell
14. BIRTHPLACE (city or town) (State or country): Scotland

MOTHER
15. MAIDEN NAME: Ann McFee
16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT (Address): Mary Campbell 2436 Maryland ave

18. BURIAL, CREMATION, OR REMOVAL: Place: Loraine Presbyterian April 27 1937

19. UNDERTAKER (Address): John Cuttchell Sons 1700 Eutaw Place

APR 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 25, 1937

I last saw her alive on April 25, 1937. Death is said to have occurred on the date stated above, at 6.20 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 4-21-37
Hemorrhage from carcinoma of stomach

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... What test confirmed diagnosis? ..... Was an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, state .....

(Signed) H. Leslie Fanning M. D.

(Address) Union Mem. Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34878 F 34878

CERTIFICATE OF DEATH ✓ 137

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 12

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Gustav Walterick GUSTAV WALTERICK If U. S. Veteran specify WAR

(a) Residence: No. 306 Cedarcroft Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Sumner

6. DATE OF BIRTH (month, day, year) Sept 9, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 1925

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Druggist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gustav Walterick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Gustav H. Walterick
(Address) 306 Cedarcroft Road

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. - Date April 26 1937

19. UNDERTAKER John Mitchell & Sons
(Address) 1300 Eutaw Place

Registrar.

APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25th, 1937, to April 24th, 1937, I last saw him alive on April 24th, 1937. Death is said to have occurred on the date stated above, at 10.50 A.m.

The principal cause of death and related causes of importance were as follows:

Benign prostatic hypertrophy
Cerebral arteriosclerosis

Other contributory causes of importance:	Date of onset

Was an operation performed? yes Date of April 5, 1937

For what disease or injury? prostatic hypertrophy

Name of operation Haemorrhoidectomy suprapubic prostatectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Weaver, M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

(F 3187?)

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 555 Oxford St., 17-25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ? mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Lillian Hawkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 555 Oxford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Hawkins

6. DATE OF BIRTH (month, day, year) Jan 2 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Franklin Va

FATHER

13. NAME James A. Parker

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Mary Kate Long

16. BIRTHPLACE (city or town) (State or country) Massachusetts

17. INFORMANT Mary Hall

(Address) 555 Oxford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date April 26 1937

19. UNDERTAKER Adolphus Hartstead

(Address) 918 Druid Hill Ave

APR 26 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O'Hara, Coroner, M. D.

Coroner

(Address) 245 Hanover

OCCUPATION is very important. See instructions on back of certificate.

V S 6

St Luke's Parish, MD

F 34880

F 34880 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 W. Biddle St. St.) 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie J. Stewart

If U.S. Veteran specify WAR ...

(a) Residence: No. 517 W. Biddle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury N.C.

FATHER

13. NAME Hiram Grant

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Shelter for Aged Women

(Address) 517 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Lem Date 4/27/ 37

19. UNDERTAKER Francis A. Kemsley

(Address) 578 W. Biddle St.

20. FILED ... 19...

APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 . 1936 to April 25 . 1937

I last saw her alive on April 24 . 1937 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1936

Other contributory causes of importance:

None

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Pettigrew M. D.

(Address) 617 Hamilton Ter.

OCCUPATION is very important. See instructions on back of certificate.

F 34881 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34881

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH South Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. 2 St.) 4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Thomas D. McKee If U.S. Veteran specify WAR

(a) Residence: No. 1507 Byrd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Jane

6. DATE OF BIRTH (month, day, year) 11/22/73

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Valentine McKee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Adams

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Jane Hanlon
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Apr. 27, 1937

19. UNDERTAKER J. F. McCully
(Address) 132 S. Fort Ave.

20. FILED APR 26 1937 Registrar, Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/22, 1937, to 4-24 1937

I last saw him alive on 4-24, 1937 Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-24-37
Other contributory causes of importance: Strangulated Inguinal Hernia	4-22
Intestinal Obstruction	4-22

Was an operation performed? Yes Date of 4-22-37

For what disease or injury? Strangulated Inguinal Hernia (left)

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Kroll, M. D.
(Address) South Baltimore General Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

34882 — CERTIFICATE OF DEATH — 22803--J — F 34882

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belto. City Hospt. St. 19-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Keppler

(a) Residence: No. 511 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Belle Keppler

6. DATE OF BIRTH (month, day, year) 11-23-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lord

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob Keppler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4-26, 1937

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W Lemmon St.

20. FILED [illegible] Registrar.
APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1937 to 4-23, 1937

I last saw him alive on 4-23, 1937 Death is said to have occurred on the date stated above, at 7 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of prostate	2 yrs.

Other contributory causes of importance: Diabetes mellitus

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [illegible], M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34883

CERTIFICATE OF DEATH

92-w

F 34883

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1617 E. Oliver Street St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie J. Johnston

If U. S. Veteran specify WAR

(a) Residence: No. 1415 N. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jeremiah H. Johnston

6. DATE OF BIRTH (month, day, year) Jan. 14th, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
66	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael F. O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jeremiah H. Johnston (Husband)
(Address) 1415 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. April 27, 1937
Date

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

APR 26 1937 at Baltimore, MD
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to April 23 1937

I last saw her alive on April 21 1937. Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/14/1937
Other contributory causes of importance: Hypertension Arteriosclerosis Chronic Endocarditis Mild Diabetes	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robt. O'Neill M. D.

(Address) 936 E. Monument St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34884 — CERTIFICATE OF DEATH — 82-a — F 34884

Registered No. 37-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Park Heights Ave St., 37th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Myers Inglis — If U. S. Veteran specify WAR

(a) Residence: No. 4603 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary E. Inglis

6. DATE OF BIRTH (month, day, year) July 2-1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Paterson, N. J.

FATHER

13. NAME Charles Inglis

14. BIRTHPLACE (city or town) (State or country) [illegible] Jersey

MOTHER

15. MAIDEN NAME Isabella Allen

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mr Clarence Inglis (Address) Raynor Md

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem Date April 26 1937

19. UNDERTAKER J. H. Dickey & Sons (Address) North Ave

20. FILED APR 26 1937 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4 1937 to April 24 1937

I last saw him alive on April 24 1937. Death is said to have occurred on the date stated above, at 4.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/9/37
Other contributory causes of importance: Aortic Sclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. D. Dulcet M. D.

(Address) 4803 Park Heights Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34885

CERTIFICATE OF DEATH

F 34885

25-1 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Chapel Gate Lane St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Mary Klemm

If U. S. Veteran specify WAR

(a) Residence: No. 505 Chapel Gate Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Klemm

6. DATE OF BIRTH (month, day, year) November 24-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -----

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Samuel Smith

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Mr. Chas L. Klemm
(Address) 505 Chapel Gate Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia, Pa. Date April 25 1937

19. UNDERTAKER Mr. C. Lindsay, Jr.
(Address) [illegible]

[illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to April 24, 1937

I last saw h[illegible] alive on April 22, 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	Several years
Mitral insufficiency	" "
Cardiac hypertrophy and myocardial degeneration	" "
Other contributory causes of importance:	
Cerebral hemorrhage, hemiplegia	1 week

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Mitchell M. D.

(Address) 2401 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 34886

F 34886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 500 W Henrietta (Ward) 20-2

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isaac Kelson

(a) Residence: No. 500 W Henrietta Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper. Labor

9. Industry or business in which work was done, as cotton mill, saw mill, bank. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Enoch Kelson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hilson Kelson

(Address) 500 W. Henrietta

18. BURIAL, CREMATION, OR REMOVAL Calvert Co Md

Place Parkers Creek Date Apr 27 1937

19. UNDERTAKER James A Hayes

(Address) 142 Druid St

(Filed) APR 28 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23 1937 to April 24 1937

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 530P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Uraemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H H Tampa M. D.

(Address) 501 W Lanvale St

OCCUPATION is very important. See instructions on back of certificate.

F 34887

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34887

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826-W Lexington St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Mullen Howell

(a) Residence: No. 826 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced ~~WIFE~~ (or) WIFE of James Allison Howell

6. DATE OF BIRTH (month, day, year) May 12, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
46	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) April, 37

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) NC.

MOTHER

13. NAME Willie Mullen

FATHER

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Emma Sawyer

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT James Allison Howell
(Address) 826 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Apr 26 37

19. UNDERTAKER James Mayo
(Address) 142 [illegible] St

20. FILED ... Registrar.

PR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.23.37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4.18 37, 19 ... to 4.23.37, 19 ...

I last saw her alive on 4.22.37, 19 ... Death is said to have occurred on the date stated above, at 10.30 A a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	192[illegible]
	1936

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James M. Carr M. D.

(Address) 826 W. Lexington St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 34888

F 34888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

28-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5310 Fernpark Ave. (Howard Park)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Meyer B. Gruber

(a) Residence: No. 5310 Fernpark Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Louis Gruber

6. DATE OF BIRTH (month, day, year) Dec. 25, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3 4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Apr. 1937.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Gruber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Betty Lauchheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Gruber,

(Address) 5310 Fernpark Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Heb. Friendship Cem. 4/26/ 19 37

19. UNDERTAKER Harry Sandheim & Son

(Address) 1902 Eutaw Place

APR 26 1937 Huntington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937 to April 24 1937

I last saw him alive on April 20, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion — Date of onset 4/24

Other contributory causes of importance:

Hypertension — 4 years

Angina Pectoris

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Preston Sherry, M. D.

(Address) 3403 Forest Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 34889

34889 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 748 W. Hamburg St. 21-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan J. Elsesser — If U. S. Veteran specify WAR .....

(a) Residence: No. 748 W. Hamburg St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late George Elsesser

6. DATE OF BIRTH (month, day, year) unknown 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Launder

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Minnie Elsesser
(Address) # 748 W. Hamburg Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 4 / 27 / 1937

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Hollins Street

Date APR 26 1937 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Mar 31, 1937, to April 24, 1937.
I last saw h.. alive on April 23, 1937. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Apl 23
Apoplexy	Mar 31
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Morley Strong M. D.

(Address) 719 Wash. Blvd.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34890

F 34890

CERTIFICATE OF DEATH

92-a

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital ST. 5th WARD)

2-FULL NAME Morris Krivitz

(a) RESIDENCE NO. 2901 Clifton Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wife Sophia

6 DATE OF BIRTH (month, day, and year) 2-14-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailoring
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Ellis Krivitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rose

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Ines Horwitz

(Address) 2901 Clifton Ave

15 Filed ..... 192 ..... Registrar

APR 26 1937

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 25 1937

17 I HEREBY CERTIFY, That I took charge of the remains deacribed above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above. 10 30 am,

The CAUSE OF DEATH* was as follows:

Acute Valvular lesion of heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) A. Harry Garvin, M. D. Coroner

April 25, 1937 (Address) 1215 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Rosedale

DATE OF BURIAL April 26 19 37

ADDRESS 112

20 UNDERTAKER Sol Levinson + Bro Balto

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

34891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34891

CERTIFICATE OF DEATH

82 B

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-1 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr James Leroy Murrill — If U. S. Veteran specify WAR .....

(a) Residence: No. 212 Chauncey Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances Wheeler Murrill

6. DATE OF BIRTH (month, day, year) Jan 5, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Murrill & Keizer Co

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Nelson County Va

FATHER

13. NAME Wm. J. Murrill

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Matthews

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Leroy Murrill (Address) 712 Montgomery Rd

18. BURIAL, CREMATION, OR REMOVAL Fellowcraft Cem. Date April 27 1937

19. UNDERTAKER Joseph B. Cook (Address) 1003 N. Dallas St

20. FILED APR 26 1937 [illegible], M. D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937 to April 24, 1937

I last saw h living on April 24, 1937 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Arteriosclerotic gangrene Rt Leg	7 days
Cerebral embolism, post operative	April 24

Other contributory causes of importance:

Was an operation performed? yes Date of April 24, 1937

For what disease or injury? Gangrene of Foot

Name of operation Amputation of Leg

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) M. W. Nelson, M. D.

(Address) Union Memorial Hosp

M. D. B 1268-9

F 34892

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34892

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Brd & Harbor Hosp Lancaster St. (Ward) 20-2

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clyde E. Rowzee

(a) Residence: No. 2525 Lauretta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily A. Rowzee

6. DATE OF BIRTH (month, day, year) June 15, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Normal School

10. Date deceased last worked at this occupation (month and year) April 6, 1937

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Alberton Maryland

MOTHER

13. NAME Charles A. Rowzee

FATHER

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME Nannie Heskett

16. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

17. INFORMANT Mrs. Emily A. Rowzee

(Address) 2525 Lauretta Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Lorraine Cemetery Date April 27, 1937

19. UNDERTAKER Cook

(Address) 1003 W. Baltimore St.

20. FILED APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably Drowning — Date of onset .....

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Probably accident Date of injury April 9th, 1937

Where did injury occur? Brd Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Harbor Hosp Lancaster St

Manner of injury Probably fell overboard

Nature of injury Probably drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. F. Wright, M. D. Coroner

(Address) 1010 S. Ellwood Ave.

State CAUSE OF DEATH in plain words. Do not use technical terms. OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 34893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34893

CERTIFICATE OF DEATH

9-5 — 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Fonsuch Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Hamilton, Sr.

If U. S. Veteran specify WAR 1812

(a) Residence: No. 629 Fonsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie M. Hamilton

6. DATE OF BIRTH (month, day, year) June 21, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sexton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emmanuel Church

10. Date deceased last worked at this occupation (month and year) Dec. 1933

11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas Hamilton

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emily Ann Widmer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie Maine Euler

(Address) 629 Fonsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 27. 37

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St

19. FILED 19 Registrar

APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1912 E. Northern Pky.

State CAUSE OF DEATH in plain terms. DESCRIBE HOW INJURY occurred. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 34894

F 34894 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals S-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Buehler

U S V Spanish American War

(a) Residence: No. 1719 N. Collington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha H. Buehler

6. DATE OF BIRTH (month, day, year) Aug. 11th. 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silver Chasing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silversmith

10. Date deceased last worked at this occupation (month and year) April 16th 1937

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Charles F. Buehler

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Bertha H. Buehler

(Address) 1719 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date April 28 1937

19. UNDERTAKER Frederick Lassahn & Son

(Address) 1401 Belair Road

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24th. 1937

22. I HEREBY CERTIFY, ~~That I attended deceased from~~ . 19 to . 19

I last saw h alive on the . 19 Death is ~~said~~ to ~~have occurred on the date stated above, at~~ m. of above

The principal cause of death and related causes of importance were as follows:

Intestinal Obstructi

Date of onset

Other contributory causes of importance:

intestinal invagination

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. V. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

APR 28 1937

OCCUPATION is very important. See instructions on back of certificate.

34895 E 34895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Woodhome ave 37-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha W. Decker

(a) Residence: No. 3102 Woodhome ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Decker

6. DATE OF BIRTH (month, day, year) March 10th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Blanner

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Chas A. Kreafle

(Address) 3102 Woodhome Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 27 37

19. UNDERTAKER Frederick Sasscer & Son

(Address) 7401 Belair Road

20. FILED APR 26 1937 Thompson Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12 1936 to April 24 1937

I last saw her alive on April 24 1937 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset a number of years

Other contributory causes of importance: Cardiac Decompensation — Date of onset Apr 24 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas B. Green M. D.

(Address) 5543 Harford Rd. Balto Md.

Dr John E Legge

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34896

Registered No. 93-C F 34896

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Woodlawn Rd) (St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME William H. Parker

(a) Residence: No. 408 Woodlawn Rd Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of / WIFE of Legge May Parker

6. DATE OF BIRTH (month, day, year) June 24 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Emerson

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Raleigh N C

FATHER

13. NAME Capt Wm C. Parker

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Mary Ellen Campbell

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Wm H. Parker Jr (Address) 408 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date April 26 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St Baltimore, Md

R 26 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1937

22. I HEREBY CERTIFY, That I attended deceased from July 21 1936 to April 23 1937

last saw him alive on April 23 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset April 1937

Other contributory causes of importance:

Chronic Myocarditis — Date of onset J 41

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. C. Stockton M. D.

(Address) 709 Cathedral St.

F 34897

HEALTH DEPARTMENT—CITY OF BALTIMORE

18936--CM

CERTIFICATE OF DEATH

23F 34897

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1929 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Hillman

(a) Residence: No. 2026 E. Calvert St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah HILLMAN

6. DATE OF BIRTH (month, day, year) 2-7-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Joseph (D) HILLMAN

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marg. Park

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records of Balto. City Hosp ts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date 4-26 193[illegible]

19. UNDERTAKER Bernard e Flaherty
(Address) 121 E 22nd St

R 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-22-36, 19, to 4-24-37, 19

I last saw h alive on 4-24-37, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Autumn
Tuberculosis of Kidneys	June 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jew H Feldman, M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 34898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34898

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital S. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph F. Toolin

If U. S. Veteran specify WAR

(a) Residence: No. 216 S Broadway St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen

6. DATE OF BIRTH (month, day, year) Aug 18 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Joseph Toolin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Toolin (Address) 216 S Broadway

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. April 27 37

19. UNDERTAKER: Mart W. E. Dippel (Address) 37 S. Eden St.

20. FILED APR 26 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/23/37 19 to 4/24/ 1937

I last saw him alive on 4/24/ 1937. Death is said to have occurred on the date stated above, at 4.30 A m.

The principal cause of death and related causes of importance were as follows:

Shock - due to bleeding ulcer (ant) — Date of onset 4/23/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin B Moss M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 8 3

F 34899

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34899

CERTIFICATE OF DEATH

23-1 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .

2. FULL NAME Clifton B. Johnston.

(a) Residence: No. 106 W. Conway St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 2, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisburg, W.Va.

FATHER

13. NAME Calvin B. Johnston.

14. BIRTHPLACE (city or town) (State or country) West Virginia.

MOTHER

15. MAIDEN NAME Minnie Neal.

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Clarence L. Johnston. (brother)
(Address) 871 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date Apr 27 1937

19. UNDERTAKER Tilly & Zeiler
(Address) 402 S. Howard

Filed 19 [illegible] 4/25/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st degree burns of face and body.	
Accidental Death	4/23/3

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 4/23/37

Where did injury occur? 106 W. Conway St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of Injury Burns.

Nature of Injury Smoking cigarette in bed.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

4/25/37 (Address) 1017 S. Charles St.

R 29 1937

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34900 F 34900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 23-1 St. Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Willis Ira Jones

(a) Residence: No. 925 Peach St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 14, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (dead)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Selby

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Pauline Jones

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mother
(Address) 925 Peach St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/26 1937

19. UNDERTAKER Isaiah C Brown Son
(Address) 1086 Monty ommery St

20. FILED APR 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-23-1937 to 4-24-1937

I last saw h. alive on 4-24 1937 Death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicella (convalescent	4-13
Other contributory causes of importance: Lobar pneumonia	4-21

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Broadway Galyton M. D.
(Address) Sydenham Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

F 34901

34901 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 116 N. Collington St., 4th Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hyman Haman

(a) Residence: No. 116 N. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Retired Peddler

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Haman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Haman (Son)
(Address) 116 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 4-26- 1937

19. UNDERTAKER Jacob Lewis Inc
(Address) 1439 E. Baltimore St

19. FILED APR 26 1937 Collington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24 1937 to April 25 1937

I last saw h. alive on April 25 1937 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Valvular Heart disease
Chronic Nephritis

Date of onset: April 25 1937

Other contributory causes of importance:

Uremic Coma

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none Was there an autopsy? —

What test confirmed diagnosis? clinical signs

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel Silverstein M. D.

(Address) 27 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

34902 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34902

CERTIFICATE OF DEATH 22166-ef 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura W. Walters

(a) Residence: No. 712 W. Lexington Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-12-1859 6-19-1848 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 76	10	12 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Wright

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Ann Alexander

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Cemty Date April 27 1937

19. UNDERTAKER William Cook
(Address) 1217 Sx Paul Street

19. FILED APR 26 1937 (City)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-25 1937 to 4-24 1937

I last saw her alive on 4-24 1937 Death is said to have occurred on the date stated above, at 5-40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1 mo
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wm F. Ramsey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be understood by a layman. See instructions on back of certificate. OCCUPATION is very important.

34903 E 34903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 944 Ensworth St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stevens
If U. S. Veteran specify WAR

(a) Residence: No. 944 Ensworth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11 37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER
13. NAME Elliott Stevens
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Helen Barnett
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 26 1937 19
Commissioner of Health
For M. A. Moore

19. UNDERTAKER
(Address)

20. FILED ... 19 ...

APR 26 1937

3478

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937, to April 13, 1937

I last saw h[illegible] alive on April 12, 1937, Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unknown	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) [illegible] M. D.
(Address) [illegible]

State CAUSE OF DEATH in plain terms. Do not state mode of dying, as shock, failure, etc. Call Mrs. 10/12
OCCUPATION is very important. See instructions on back of certificate.

F 34904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34904

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Fowlkes

If U. S. Veteran specify WAR

(a) Residence: No. 1020 E Sl- St., Ward. Sparrows Point Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/19/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alex Fowlkes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bessie Laws

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date APR 26 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

APR 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1937 to Apr 20, 1937

I last saw him alive on Apr 20, 1937 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset Birth

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Seitz, Jr., M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION in very important. See instructions on back of certificate.

F 34905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22590-3-F-72-a

Registered No. 17-2-3-F-72-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ... Ward ...)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Edward Washington

(a) Residence: No. 586 W. Preston St., St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-4-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 26 1937
Date ... 19...

19. UNDERTAKER Per H. A. Moore
(Address)

Filed ... 19... Registrar.

APR 26 1937

3181

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1937 to 4-17 1937

I last saw him alive on 4-17 1937 Death is said to have occurred on the date stated above, at 2:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Monocytic Leukemia	6 wks

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John L. Kanny M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34906 ✓ F 34906

F 34906 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1923 W. Lombard St., ... Ward)
Length of residence in city or town where death occurred 64 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles August Huss — If U. S. Veteran specify WAR .....

(a) Residence: No. 1923 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Christina L. Heinrich

6. DATE OF BIRTH (month, day, year) Feb 5th 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hucbster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Ferdinand Huss
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Matthys
(Address) 1923 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Eastern Date 4/28/37 19

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ..... Huntington Woods, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 | 25 | 37 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 11 19 37 to 4/25 19 37
I last saw alive on April 25 19 37. Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	6 mos ago
Other contributory causes of importance: Bronchopneumonia	1 day ago

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Benjamin Miller M. D.
(Address) 2030 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

51 36 adv

✓ 20618 E

34907 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34907

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 654 Haw St. 22-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Bush

(a) Residence: No. 654 Haw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levi Bush

6. DATE OF BIRTH (month, day, year) May 8, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Dyson

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

MOTHER

15. MAIDEN NAME Louise Campbell

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT (Address) Levi Bush 654 Haw St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date April 27, 1937

19. UNDERTAKER (Address) Mrs Katie R. Williams 322 N Schroeder St.

(Signature) Mrs Katie R. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to April 24, 1937.

I last saw h.. alive on April 24, 1937. Death is said to have occurred on the date stated above, at 330 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	4/19/37

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

R 26 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34908

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34908

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Schuck St., 26-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J Dietrich

If U. S. Veteran specify WAR

(a) Residence: No. 3315 Schuck St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) Aug 23 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary J. Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Dietrich

(Address) 3315 Schuck Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date April 28 1937

19. UNDERTAKER Ambrose Inc.

(Address) 1017 W. Cross st.

19 . 19 Filing Date

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular sclerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

APR 26 1937

VSG

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34137836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34909

CERTIFICATE OF DEATH

7-5 124-8

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Walker

(a) Residence: No. 310 South St., Ward. Cumberland Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	white	married ~~Separated~~

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Eva

6. DATE OF BIRTH (month, day, year): 11-17-81

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: B&O - R-R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N.C.

FATHER

13. NAME: Samuel Walker

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: annie Woods

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, REMOVAL

Place Cumberland Md Date April 27 1937

19. UNDERTAKER: Geo. F. Dale

(Address) 2700 Edmondson Ave

20. FILED APR 26 1937 ~~Baltimore, Md~~ GHG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937 to April 25, 1937

I last saw him alive on April 25, 1937. Death is said to have occurred on the date stated above, at 405 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	7
(Over)	

Other contributory causes of importance:

Was an operation performed? yes Date of April 23, 1937

For what disease or injury? Exploration. Cirrhosis of liver.

Name of operation Exploratory laparotomy. Cholecystostrotomy.

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) William Gray Morton M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34910 E 34910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 N. Kingwood Ave 7-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Lillian Miller

(a) Residence: No. 931 N. Kingwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Wilson Miller

6. DATE OF BIRTH (month, day, year) Oct-24-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. E. H. Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. E. H. Miller
(Address) 718 N. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Apr-27 1937

19. UNDERTAKER Mrs E. Miller
(Address) 2453-35 E. Lanvale St

FILED APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr-24-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-35, 19..., to April 24-37

I last saw h... alive on April 24-37. Death is said to have occurred on the date stated above, at 8-25 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	3 yrs
Other contributory causes of importance:	
None	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) L. H. Herrmann, M. D.

(Address) 1710 E. 23rd St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34911 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 34911

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132, N. Washington St., 6-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert G. Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 132, N. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy Scott

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Scott

14. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

MOTHER

15. MAIDEN NAME Rachel Howe

16. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

17. INFORMANT Mrs Bernice Gilmore
(Address) 132, N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington Mem Park Date 4/28 1937

19. UNDERTAKER Mrs Chas. G. Bailey
(Address) 1421 Jefferson St

20. FILED ..... 19..... ..... Registrar.

APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 4/10 1937 to 4-24- 1937

I last saw him alive on 4/24/1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Acute Bronchial Asthma	4/10/37
+ Lobar Pneumonia	4/15/37

Other contributory causes of importance:
Bronchitis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs + Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Jas. R. Blake M. D.

(Address) 924 Augusta St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 34912

34912 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 W. Mulberry St. 16-1 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Monroe White

(a) Residence: No. 812 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced (or) WIFE of Paul Edward White

6. DATE OF BIRTH (month, day, year) April 10, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lexington Va

FATHER

13. NAME Willie Monroe

14. BIRTHPLACE (city or town) (State or country) Lynchburg Va

MOTHER

15. MAIDEN NAME Rosa Warren

16. BIRTHPLACE (city or town) (State or country) Lexington Va

17. INFORMANT Rosa Warren Stoops (Address) 812 W mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Lexington Va Date 4/28 19 37

19. UNDERTAKER Wm A Jackson (Address) 710 E Pleasant ave

Filed APR 20 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.24.37. 19

22. I HEREBY CERTIFY, That I attended deceased from 12.30.36. 19 . to 4.24.37. 19 .

I last saw h[illegible] alive on 4.24.37. 19 . Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	Dec '36

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Lee M. D.

(Address) 865 W. Lexington

information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

34913 E 34913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St. 17-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harrison Burton If U. S. Veteran specify WAR WW

(a) Residence: No. 922 Penna. Ave., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillian Barber Burton

6. DATE OF BIRTH (month, day, year) July 15, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Junis Burton

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Effie ?

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Records- U. S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 4/29 1937

19. UNDERTAKER Wm. A. Jackson (Address) 716 N. Pennsylvania Ave.

20. FILED 19 Registrar.

Huntington Palisades, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1937 to April 26, 1937

I last saw him alive on April 26, 1937. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, acute, pneumonia, bilateral	1 month
Other contributory causes of importance:	
	over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Bryant, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

APR 26 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34914

34914 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1714 W Lanvale St., 16-3 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Mooney

(a) Residence: No. 1714 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mooney

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Stella Beard

(Address) 1714 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/28-37, 19

19. UNDERTAKER Wm A Jackson

(Address) 916 Pennsylvania Ave

20. FILED Huntington Ave, Md 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 25, 37
Other contributory causes of importance: Myocarditis chron	Feb 1 1937

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis Nerling Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen, Coroner, M. D.

(Address) 507 Fairmount Ave

APR 26 1937

V 86

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34915

F 34915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 S. Carlin St. 3-1 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles W. Boswell to reside with Son

(a) Residence: No. 506 S. Carlin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nettie

6. DATE OF BIRTH (month, day, year): Jan 16, 1872

7. AGE: Years 65; Months 3; Days 10; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montgomery Co. Maryland

FATHER

13. NAME: Charles

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Rebecca Johnson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Isie Boswell (son)

(Address): Laurel, Md.

18. BURIAL, CREMATION, OR REMOVAL

Date: April 28, 37

19. UNDERTAKER: Floyd Fraser

(Address): Laurel Md

20. FILED: Apr 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described hereon and from the evidence above, held an Inquiry (Inquest, Autopsy or Inquiry) obtained, by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance: Cardio vascular sclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address) 1010 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

26 1937

H

34916 328032 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34916

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Bostdorf

If U. S. Veteran specify WAR

(a) Residence: No. 234 Union St., Ward. Millersburg Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary

6. DATE OF BIRTH (month, day, year): 5-16-94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Elmer Bostdorf

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Martha Saltzbaugh

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place: Millersburg Pa Date: Apr 27/37

19. UNDERTAKER (Address):

19 Registered

APR 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937 to April 26, 1937

I last saw h. alive on April 26, 1937. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - benign	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 21, 22, 23

For what disease or injury? Brain tumor

Name of operation, Right cranio tomy

What test confirmed diagnosis? Exploration Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

34917

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34917

CERTIFICATE OF DEATH

93-e

3-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Spring St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas Bolotski

U. S. Veteran

Specify WAR

(a) Residence: No. 119 S. Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Helen Drew

(Address) 301 S. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Russian a.a. Co. Date April 27 1937

19. UNDERTAKER John Grethiancikas

(Address) 1423 E. Baltimore St.

(Filed) 19 Registrar

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Wright M. D.

(Address) 1010 S. Edwards Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 34918

E 34918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1108

1. PLACE OF DEATH 1109 N. Stocker

CITY OF BALTIMORE: (No. 1109 Balto md St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Warren Butler Brown

(a) Residence: No. 1109 N. Stocker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter gro

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Frank Brown

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Helen Butler

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mary Johnson

(Address) 1109 N. Stocker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/27/37

19. UNDERTAKER T. E. Nelson

(Address) 1303 Pennsylvania Ave

Filed 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23-1937

22. I HEREBY CERTIFY, That I attended deceased from March 6 1937 to 4- - 1937

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 2:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/21/37

Other contributory causes of importance:

Polyarticular Rheumatism

Was an operation performed? No Date of

For what disease or injury?

Name of operation Chemical Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm R Bowles M. D.

(Address) 1512 Eutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 27 1937

VS 3

F 34919

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34919

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard & West Sts. St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John H. Molzer.

(a) Residence: No. 104 W. Clement St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 16, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John C. Molzer.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margareta Grein.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elizabeth Flauaus. (cousin)

(Address) 104 W. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lor Oak Date April 28-37

19. UNDERTAKER

(Address)

FILED APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the Coronary Arteries	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Heinhardt M. D.

Coroner

4/26/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34920

F 34920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1121

Registered No. ...

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Randolph McLean If U. S. Veteran specify WAR

(a) Residence: No. 802 N. Shuter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Nov. 21-1929

7. AGE: Years 7 | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Balto Md

FATHER

13. NAME: Randolph McLean Sr

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Anna Hill

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Anna McLean

(Address) 802 N. Shuter St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Cem. Date 4/29/37

19. UNDERTAKER: Bruno Pfennig

(Address) 818 Druid Hill Ave.

20. FILED Registrar

APR 27 1937

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/27/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis (Ruptured)	

Other contributory causes of importance: Peritonitis

Was an operation performed? Yes Date of 4/27/37

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 4/27/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rheuby . M. D.
Coroner

(Address) 1912 E. Preston Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 F 34921

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3323 Hobbs St., 26-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia M. Fetz

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3323 Hobbs St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John Fetz

6. DATE OF BIRTH (month, day, year) Feb 7 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME James Morehead

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hutchison

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT John Fetz (Address) 3303 Hobbs St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date April 28th 37

19. UNDERTAKER Wm Cook (Address) 1217 Huntington Ave Baltimore, Md

Filed , 19 Registrar.

APR 27 1937

GKG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1936, to, April 25, 1937.

I last saw her alive on April 24, 1937. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix Uteri	Aug. 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Wolfe M. D.

(Address) 1331 E. North Ave

STATE CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34922

CERTIFICATE OF DEATH

✓110 F 34922

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-2 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Harry E. Sanner

(a) Residence: No. 2312 Arlington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie C. Sanner

6. DATE OF BIRTH (month, day, year) Dec. 8, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salto, Md.

FATHER

13. NAME John E. Sanner

14. BIRTHPLACE (city or town) (State or country) Salto, Md.

MOTHER

15. MAIDEN NAME Rose Pratt

16. BIRTHPLACE (city or town) (State or country) Salto, Md

17. INFORMANT John E. Sanner
(Address) 2741 Tivoly Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date April 29th 1937

19. UNDERTAKER Wm Cook & Sons
(Address) 1217 E. Fayette St.

APR 27 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 25, 1937

For what disease or injury? Emphysema

Name of operation Excision of rib. Date of April 25

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. Leslie Hunt Coroner, M. D.
(Address) 2707 Eutaw Place

Information should be entirely supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 34923

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34923

CERTIFICATE OF DEATH

✓ 94-B

Registered No. 12-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 E. North Ave St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard C. Brown

U. S. Veteran specify WAR No Record

(a) Residence: No. 131 E. North Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Watts Brown

6. DATE OF BIRTH (month, day, year) Feb 20th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Apr 1937

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edmond C Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Shunks

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Huyth Parker

(Address) 1126 Cathedral

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 27 37

19. UNDERTAKER Lippman Brothers

(Address) 1501 Saint Paul Street

APR 27 1937

APR 27 1937

Registered by Baltimore, Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? C Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Orrin B Wallace, M. D. Coroner

(Address) 1031 St Paul St

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 34924

F 34924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 184

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Phila Rd & Northpoint St. (Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irvin Thompson

(a) Residence: No. 104 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER | FATHER

13. NAME Wade Thompson

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

15. MAIDEN NAME Sadie Waters

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Mrs Sadie Thompson
(Address) 104 N Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date April 27 19 37

19. UNDERTAKER Robert A Williams
(Address) 1515 W Fayette St

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1937

22. I HEREBY CERTIFY, That I last viewed the remains of the remains described above, held an Inquest Autopsy
(Inquest, Autopsy or Inquiry)
Inquest Autopsy
(Inquest, Autopsy or Inquiry)
and from the evidence obtained by said Inquest and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound and Hemorrhage of right lung Bullet lodged against 8th Dorsal Vertebrae	April 23 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? Accident Date of injury April 23 1937

Where did injury occur? Balto City
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place (Phila Rd & North Pt Rd)

Manner of injury 22 gauge rifle was accidental shot Gun shot wound of Rt lung

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) George S. Allen M. D.
Coroner

(Address) 5 Mosquito St

F 34925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34925

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Blanton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1803 Lonsley Ct St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Feb 27 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. yard housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Alexander Brisorius

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lilly Askey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Silas Brisorius

(Address) 1803 Lonsley Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date (Apl 2) 1937

19. UNDERTAKER Robert Millikin & Co

(Address) 1516 McElderry St

20. FILED APR 27 1937 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gangrene stab wound left thigh	
Other contributory causes of importance: abcess	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Homicide? Date of April 17, 1937

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury stab wound Pocket Knife

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright M. D.

(Address) 1010 S. Ellwood Ave.

Information should be carefully supplied, so that it may be properly classified. Exact statement of place CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

F 34926

34926 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Harman ave St., 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Kardasz

(a) Residence: No. 1709 Harman ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	w	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wasyl Kardasz

6. DATE OF BIRTH (month, day, year) Jan 6, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Steel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Katherine Hayes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Wasyl Kardasz 1709 Harman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 4/29 37

19. UNDERTAKER (Address) Richard F. Cluley F.D. Inc 1341 Gorsuch Ave

PR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26 1937 to April 26 1937

I last saw he alive on April 25 1937 Death is said to have occurred on the date stated above, at 9:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	Feb 1936
General Carcinomatosis	Feb 1937

Other contributory causes of importance:

Was an operation performed? D & C Biopsy Date of April 1936

For what disease or injury?

What test confirmed diagnosis? Microscopic Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Frederick ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34927

CERTIFICATE OF DEATH

F 34927

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 860 Vine St St. 18-L Ward)

Length of residence in city or town where death occurred — yrs. 11 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Elizabeth Lewis

(a) Residence: No. 860 Vine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. md.

FATHER

13. NAME Peter Lewis

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

MOTHER

15. MAIDEN NAME Thelma Tilghmon

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Thelma T. Lewis

(Address) 860 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date April 27. 1937

19. UNDERTAKER Chas H Woofer

(Address) 514 N. Calhoun St.

PR 27 1937

Livingston Pittman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.24.37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4.22.37. 19 to 4.24.37. 19

I last saw her alive on 4.24.37. 19 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	4.22.37
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James M. Cary M. D.

(Address) 865 W Lexington

Information should be carefully supplied. Age: Always the last birthday. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34928

CERTIFICATE OF DEATH

49-aF 34928

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 N. Calhoun St., 15-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cora Belle Jones.

(a) Residence: No. 1711 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widowed.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James G.

6. DATE OF BIRTH (month, day, year) March 14, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lewis Henson Wyke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Marie Howard

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Nellie Boyd (S)
(Address) 1711 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt Auburn Date April 28 1937

19. UNDERTAKER Chas. D. Carter
(Address) 324 N. Calhoun St.

20. FILED
Registrar

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25- 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/21/36 19 to 4/25/37 19

I last saw her alive on 4/24 1937 Death is said to have occurred on the date stated above, at 1.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of fallopian tube	Sept '36
Other contributory causes of importance:	

Was an operation performed? yes Date of Nov '36

For what disease or injury? Carcinoma of fallopian tube

Name of operation removal of tube

What test confirmed diagnosis? pathological Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wayner Brown M. D.

(Address) 1500 E. Madison

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34929)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E F 34929

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 46 E. Wheeling St. 23-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Jacobs

If U. S. Veteran specify WAR .....

(a) Residence: No. 46 E. Wheeling St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Helen Love Jacobs

6. DATE OF BIRTH (month, day, year): Oct 8. 1872

7. AGE: Years 64 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Mordecai Jacobs.

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Elizabeth Hertlove

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Mrs. Myrtle Capcoast 46 E. Wheeling St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Olivet Cem. Date: April 29 1937

19. UNDERTAKER (Address): Margaret L. Flynn) 1420 Light St.

20. Filed ..... 19..... Registrar.

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/26/37. 19

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to 4/26/37 19

I last saw him alive on 4/25/37 19 Death is said to have occurred on the date stated above, at 9'15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the cervical glands - on left side of neck	April 1936
Other contributory causes of importance: Cachexia	

Was an operation performed? Yes Date of Dec - 1936

For what disease or injury? Removal of Cancerous glands

Name of operation .....

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Miller M. D.

(Address) 1228 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34930

CERTIFICATE OF DEATH

82-a

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Callow Ave 13-1 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Mary Adele Brooks

(a) Residence: No. 2228 Callow Ave ~~St~~ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~

~~HUSBAND'S~~ (or) WIFE of Late Henry Phelps Brookes

6. DATE OF BIRTH (month, day, year) August 7th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Suffolk Virginia

FATHER

13. NAME John Arthur L. Joyes

14. BIRTHPLACE (city or town) (State or country) Suffolk Virginia

MOTHER

15. MAIDEN NAME Diana Joyes

16. BIRTHPLACE (city or town) (State or country) Suffolk Virginia

17. INFORMANT Miss F. Brooks

(Address) 2228 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL Place Christ Church Cem West River Date April 27 1937

19. UNDERTAKER Henry H. Jenkins & Son. Inc.

(Address) Eastern & Wolfe Sts

20. FILED APR 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-25-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. Reisinger M. D. Coroner

(Address) 603 Cathedral

Information should be entirely complete. Exact statement may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

F 34931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34931

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1 Ward)

Registered No. 20944 EF

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Liston P. Fusselbaugh

If U. S. Veteran specify WAR

(a) Residence: No. 221 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) 7-13-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura J. Hickman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date April 28. 1937

19. UNDERTAKER Charles G. Black
(Address) 742 W. North Avenue, City

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1937 to 4-25, 1937

I last saw him alive on 4-25, 1937 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Bronchopneumonia (Primary)	4 days
Other contributory causes of importance: Cerebral Thrombosis (Acute)	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34932

CERTIFICATE OF DEATH

82-a

F 34932
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Roslyn Ave. St. 15-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME Minnie Feldman

If U. S. Veteran specify WAR

(a) Residence: No. 2500 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Joseph Feldman

6. DATE OF BIRTH (month, day, year) July 15, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Hyman Baerman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Meyerson

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. J. Feldman
(Address) 2500 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Gdns. Apr. 27, 1937

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

APR 27 1937 [illegible], M. D.
Registrar

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1932, to April 26, 1937

I last saw h alive on Apr. 26, 1937. Death is said to have occurred on the date stated above, at 10:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Other contributory causes of importance: Cerebral Hemorrhage	4/26/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John S. Bishop. M. D.

(Address) 12 E. 25th. St.

Dr Harry A. Gaddess 321 E 25th St

34933 F 34933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4908 York Rd St., 27-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur K. Crawford

If U.S. Vet. specify WAR No Record

(a) Residence: No. 4908 York Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Sarah E. Crawford

6. DATE OF BIRTH (month, day, year) Feb 28th 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel Co

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm C. Crawford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna B. Krebs

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah C. Crawford

(Address) 4908 York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 29th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. DATE RECEIVED APR 27 1937 Registrar Wilmington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/1/37, 19.. to 4/26/37, 19..

I last saw him alive on 4/23/37, 19.. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	5
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry A. Gaddess, M. D.

(Address) 321 E 25th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34934

F 34934 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 51-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Greenmount Avenue St., 12-5 Ward)

Length of residence in city or town where death occurred ...yrs. Life mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thomas F. Gildenfenney

If U. S. Veteran specify WAR No

(a) Residence: No. 1302 Greenmount Avenue St., ...Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Smith

6. DATE OF BIRTH (month, day, year) May 12 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
66	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Gildenfenney

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Ward

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Gildenfenney
(Address) 1302-Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 4/28/37. 19...

19. UNDERTAKER George J. Luth, Inc.
(Address) 1705-Harford Ave.

20. FILED APR 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1936, to April 25, 1937

I last saw h alive on April 26, 1937. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4/18/37
Carcinoma of prostate	?
Arteriosclerosis	?
Arteriosclerotic heart	?
Other contributory causes of importance:	
—	
—	

Was an operation performed? yes Date of ...

For what disease or injury? Carcinoma of prostate

Name of operation transurethral prostatectomy

What test confirmed diagnosis? history Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 708 E. Preston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34935

CERTIFICATE OF DEATH

F 34935

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 621 N. Castle St., 7-S Ward) 82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Kus

(a) Residence: No. 621 N. Castle St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Sophia Kus

6. DATE OF BIRTH (month, day, year) July 29-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) about 8 yrs. 11. Total time (years) spent in this occupation 43 yrs

12. BIRTHPLACE (city or town) (State or country) Czec. Austria.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT John Hardsky (Address) 2213 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apl 29. 1937

19. UNDERTAKER Frank Czech & Sons (Address) 1906 Eastland Ave.

20. FILED ... 19 ... Registrar

R 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11 '37 to April 25 '37

I last saw him alive on April 25 '37. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Coronal Atherosclerosis
Coronary Sclerosis

Date of onset

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Frank Kus M. D.

(Address) 700 Mulberry St

(Date) April 29 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

19535

F 34936

CERTIFICATE OF DEATH

131 F 34936 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martin Kandl

(a) Residence: No. 129 N. Duncan St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kandl

6. DATE OF BIRTH (month, day, year) 11/10/1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslovakia

FATHER

13. NAME Joseph Kandl

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME Marie Nemcova

16. BIRTHPLACE (city or town) (State or country) Czechoslovakia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Apr 30 1937

19. UNDERTAKER Mark Bros. & Son

(Address) 1906 Eastern Ave

FILED APR 27 1937 Huntington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-16 1936 to 4-24 1937

I last saw h[illegible] alive on 4-24 1937 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchopneumonia (Primary)	7 days
Other contributory causes of importance: Hypertensive Cardio-vascular Renal Disease	unk

Was an operation performed? no Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34937 ✓ F 34937

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital Registered No. 95-B

CITY OF BALTIMORE: (No. Wilkens & Caton St., W. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. Anton Held, If U. S. Veteran specify WAR

(a) Residence: No. 204 S. Monastery Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary E. Held

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84 about			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired city employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) about 1918

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Held

14. BIRTHPLACE (city or town) (State or country) germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) germany

17. INFORMANT Alfonsus F. Held
(Address) 204 S. Monastery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 28. 1937

19. UNDERTAKER G. Alton Boyden
(Address) 208 S. Monastery Ave.

20. FILED APR 27 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1937 to 4-25-1937

I last saw him alive on 4-25-1937 Death is said to have occurred on the date stated above, at 1.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Dis.	1934
Bronchial Pneumonia.	4-23-37

Other contributory causes of importance: Generalized Arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis G. Llewelyn M. D.
(Address) St. Agnes Hospital

Information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34938

CERTIFICATE OF DEATH

F 34938

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 Liberty Heights St. 15 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Gray Cox

(a) Residence: No. 3319 Liberty Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Cox

6. DATE OF BIRTH (month, day, year) Nov 14 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Savard Savard

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Elizabeth Samuel

16. BIRTHPLACE (city or town) (State or country) Lancaster Co Pa

17. INFORMANT Harry L. Cox

(Address) Shrewsbury Mass

18. BURIAL, CREMATION OR REMOVAL

Place Arlington Mass Date 4/28/37 19

19. UNDERTAKER Bernard A Funk

(Address) 641 Belair Road

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. found Dead

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of .....

For what disease or injury? .....

Name of operation ... Date of .....

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Gray Grauer M. D. Coroner

(Address) 1216 Harlem Ave

Exact statement of information should be carefully supplied. Abbreviations should not be used. Write plainly. Use ink. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V 86

F 34939 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34939

CERTIFICATE OF [redacted]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 15-459 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Hurwitz

(a) Residence: No. 2336 Reis. Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-26-37

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Jesse Hurwitz

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Jean Abel

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Jesse Hurwitz
(Address) 2336 Reis. Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Windsor Mill Rd Date 4-27 1937

19. UNDERTAKER Jacob Levin Inc
(Address) 1429 E. Balto. St

20. FILED [redacted] Registrar.

PR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/26/37 to 4/26/37

I last saw him alive on 4/26/37. Death is said to have occurred on the date stated above, at 7:59 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 1-59	
Other contributory causes of importance: Congental atelectasis 16-0	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore E. Mandy, M. D.

(Address) Sinai Hosp.

INSTRUCTIONS. Please answer questions fully and correctly. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34940

F 34940 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 China St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernestine Parker

If U. S. Veteran specify WAR .....

(a) Residence: No. 1005 China St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12 1937

7. AGE — Years | Months: 3 | Days: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herbert Parker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Paulene Hellams

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT (Address) Irene Williams 1005 China

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 4/26 1937

19. UNDERTAKER Walter E. Pugh (Address) 132 W. Lanvale St.

21. FILED APR 27 1937 Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25 1937 to April 26 1937

I last saw her alive on April 25 1937 Death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumia	
Other contributory causes of importance:	
Toxemia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) H. G. Tompkins M. D.

(Address) 501 N. Stanley St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34941 ✓ F 34941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N Carey St. 16-1 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME James Edward Bell

(a) Residence: No. 717 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mynette Bell

6. DATE OF BIRTH (month, day, year) Aug. 15, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 805

10. Date deceased last worked at this occupation (month and year) Apr 20, 1937

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town). (State or country) Wilmington N.C.

FATHER

13. NAME Salem T Bell

14. BIRTHPLACE (city or town). (State or country) N C

MOTHER

15. MAIDEN NAME Ida E Johnson

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Wife
(Address) 717 N. Carey.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Apr 28, 1937

19. UNDERTAKER Signed W. Edgerton Sons
(Address) 632 W. Fayette St

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1937 to Apr 25, 1937

I last saw him alive on Apr 24, 1937 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/20/37

Other contributory causes of importance: none

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so specify —

(Signed) George W Donald M. D.

(Address) 544 N Carey

Information should be carefully supplied. Note: ... that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 34942

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 34942

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 4-27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Holmes

(a) Residence: No. 723 W Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int Cemetery Date 4-27 1937

19. UNDERTAKER J. J. & Jn. O. Skinner

(Address) 1120 N. Mid Hilldale

20. FILED APR 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 24 1937

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George S. Allen Coroner, M. D.

(Address) 50 E August St

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

PR 27 1937

E 34943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34943

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Gough St. 2-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mateusz Mike Tylus

U. S. Veteran specify WAR

(a) Residence: No. 2004 Gough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Antonia

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Castor Iron Foundry

10. Date deceased last worked at this occupation (month and year) 4-22-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Maciej Tylus

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katherin Krol

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Antonia Tylus

(Address) 2004 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date April 28 1937

19. UNDERTAKER John M. Welby

(Address) 401 S. Chester St

19 Registrar

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Coronary embolism	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. F. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

information should be carefully supplied. Age should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 34944

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34944

94-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3428 Virginia Ave. St., 27th Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew J. Spies

(a) Residence: No. 3428 Virginia Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Marshock Spies

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month and year) April 1927?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Spies

14. BIRTHPLACE (city or town) (State or country) Germany Baltimore?

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Andrew W. Spies

(Address) 3424 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/28 1937

19. UNDERTAKER C. Vernon Lemmon

(Address) 964 Park Heights Ave.

20. [illegible] Huntington Pottenger, M.D.

PR 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1937, to April 25, 1937

I last saw him alive on April 25, 1937 Death is said to have occurred on the date stated above, at 4.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	3/14/37
Other contributory causes of importance	
Angina Pectoris	?

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John D. Bubert M. D.

(Address) 4803 Park Heights Ave

Information should be carefully supplied. Any blanks will delay burial. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 34945 HEALTH DEPARTMENT—CITY OF BALTIMORE 1945

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 N. Exeter St., 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. ds.

2. FULL NAME Dinah Copeland

If U. S. Veteran specify WAR

(a) Residence: No. 120 N. Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Copeland
(Address) 120 N. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL
Winstar Mill Rd. Date 4-26-37

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E. Balto St.

20. FILED [illegible] 1937

APR 27 1937

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26-37 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1936 to April 26, 1937

I last saw her alive on 26 April, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cardiac End of Stomach	Sept 13 '36
Other contributory causes of importance: Hypostatic Congestion	April 25 '37

Was an operation performed? No Date of

For what disease or injury?

Name of operation X Ray.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. [illegible] M. D.

(Address) 5111 Harford Rd

Information should be carefully supplied. Write plainly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34946

CERTIFICATE OF DEATH

95-T 34946

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

Registered No.

CITY OF BALTIMORE: (No.) St., 2755 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard McC. Lambert

If U. S. Veteran specify WAR World War

(a) Residence: No. 3008 Glendale Ave., Balto. Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Agnes M. Houck Lambert

6. DATE OF BIRTH (month, day, year) Sept. 18, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Post Office

10. Date deceased last worked at this occupation (month and year) 3-12-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Samuel Lambert

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth McCulloh

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Records- U. S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date April 4-37 19

19. UNDERTAKER Franklin H. Scott
(Address) 514 W 36 St

[illegible] 27 1937 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937, 19 to April 24, 1937

I last saw him alive on April 24, 1937. Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, arrhythmia,	
auriculo ventricular block, Stokes	
Adams variety	10 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. B. R. Anderson M. D.
I. B. R. Anderson
(Address) U. S. Marine Hospital, Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

Spec.—1-10-21—M&T—1800 Blks.

F 34947

F 34947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-a

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 1942 Ridgefield ave ST. 5-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Walter White

(a) RESIDENCE NO. 1942 Ridgefield ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Bach

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/25/36

7 AGE: Years — Months 4 mth Days —

If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER John Corcoran

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Wesley White

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto

14 Informant

(Address)

15 Filed APR 27 1937 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1937

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to April 26, 1937

that I last saw him alive on April 25 1937, 19

and that death occurred, on the date stated above, at 3.30 a. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) — yrs — mos 3 d

CONTRIBUTORY (Secondary) Cold & Chorea

(duration) — yrs — mos

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles E. Cleaks, M.

, 19 (Address) 3214 Presidents ave

*State the Disease Causing Death, or in deaths from Violent Cause state (1) Means and Nature of Injury, and (2) whether Accident Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS MEDICAL SCHOOL APR 27 1937

DATE OF BURIAL 19

20 UNDERTAKER: Commissioner of Health Per M. A. Moore

ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 27 1937

M. D. B 1268-9

F 34948 ✓F 34948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 25-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma E. English If U. S. Veteran specify WAR .....

(a) Residence: No. 2127 Maisel St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 10, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Salto, Md.

FATHER

13. NAME Ernest english

14. BIRTHPLACE (city or town) (State or country) Salto, Md.

MOTHER

15. MAIDEN NAME Ruth Harthauden

16. BIRTHPLACE (city or town) (State or country) Salto, Md.

17. INFORMANT Ernest English
(Address) 2127 Maisel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 28, 1937

19. UNDERTAKER Herman Kettner
(Address) 2301 Edmondson Ave

FILED APR 27 1937

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 26, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. C. Newlin M. D.
Coroner

(Address) 2757 N. Howard

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 27 1937

F 34949

$4949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Bradford St. 7-3 Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME KATIE CHARLTON

(a) Residence: No. 710 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Charlton

6. DATE OF BIRTH (month, day, year) July 8 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Buchthausen

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lula Klein

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Louis Charlton
(Address) 710 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Cat Lawn Date 4/28/37 19

19. UNDERTAKER Philip Herbig Sons
(Address) 2216 Parkwood St

20. FILED APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3 1937 to April 24 1937

I last saw her alive on April 24 1937. Death is said to have occurred on the date stated above, at 12 30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	over year ago
Other contributory causes of importance: Myocardial insufficiency	over two days ago

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St

INFORMATION: This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34950 F 34950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Roberts

If U. S. Veteran specify WAR

(a) Residence: No. North Point Rd Below Spanows Mill Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Roberts

6. DATE OF BIRTH (month, day, year) April 13/1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Station attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co

FATHER

13. NAME Joseph Roberts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Estelle Hissey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alice Roberts
(Address) North Pt. Rd below Spanows Mill Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 4/29/37

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Eastern Ave

21. FILED APR 27 1937 [signature] Registrar.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/23/ 1937 to 4/26/ 1937

I last saw him alive on 4/26/ 1937. Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/24/37
Circulatory failure	4/25/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin B. Moss, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. Age should be stated in years, months, days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34951

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34951

CERTIFICATE OF DEATH 22641--CM

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 5-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Adams

If U. S. Veteran specify WAR

(a) Residence: No. 411 N. Exeter St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married (Sep)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Brokland Adams

6. DATE OF BIRTH (month, day, year) 6-1-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Tony Pearman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annette Craig

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Baltimore City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL Maryland Memorial Pk. 4-29-37

19. UNDERTAKER Kendall & Humphreys
(Address) 501 N. Broadway

APR 27 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1937 to 4-25 1937

I last saw h alive on 4-25 1937 Death is said to have occurred on the date stated above, at 7 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphoma Carcinoma of the cervix & Involutions	1 yr
Other contributory causes of importance: Anemia	1 yr.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Moore M. D.

(Address) Balt. City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H

F 34952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34952 92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 517 E. Clement St. 24-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Marie E. metzler

(a) Residence: No. 517 E. Clement St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Sept 5. 1921
7. AGE: Years 15 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Schoolgirl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Balto md.
FATHER
13. NAME: Charles J. metzler
14. BIRTHPLACE (city or town) (State or country): Balto, md
MOTHER
15. MAIDEN NAME: Bernadette D. Larkin
16. BIRTHPLACE (city or town) (State or country): Balto, md
17. INFORMANT (Address): Charles J. metzler 1437 Riverside ave.
18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cem. Date April 29 1937
19. UNDERTAKER (Address): Margaret A. Flynn 1422 Light St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 26th 1937.
22. I HEREBY CERTIFY, That I attended deceased from March 18th 1937 to Apr. 26th 1937.
I last saw her alive on Apr. 26th 1937. Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
March 18-37 first seen by me. Had acute inflamatory rheumatism, Geographic type with chronic Mitral lesion. Possibly	
other contributory causes of importance: may have been phlebitis of right vein of right leg. (Femoral Vein)	right

Was an operation performed? none Date of x
For what disease or injury? x
Name of operation x Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? x (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place x
Manner of injury x
Nature of injury x

24. Was disease or injury in any way related to occupation of deceased? No If so, specify x

(Signed) O H Hoffman M. D.
(Address) 1570 Garrison Blvd.

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 27 1937

F 34953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34953

35a

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. 11 Ward) 3

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. A. L. J. Garrett

If U. S. Veteran specify WAR World War

(a) Residence: No. 2112 Division St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	separated

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Hallie Evans Garrett

6. DATE OF BIRTH (month, day, year) September 22, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Driver

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Halifax, Va.

FATHER

13. NAME Cas Garrett

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Batty Garrett

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address) Records- U.S. Marine Hospital, Baltimore, Md.

18. BURIAL, CREMATION OR REMOVAL
Place Parkton Md. Date 4/27/1937

19. UNDERTAKER Frances A. Hemsley
(Address) 5+7 E. Biddle St.

20. FILED ..... 19..... Registrar.

APR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to April 24, 1937

I last saw him alive on April 24, 1937 Death is said to have occurred on the date stated above, at 2:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, endocarditis,	
sub acute, bacterial	unknown
Other contributory causes of importance:	
	over

Was an operation performed? Yes Date of 4-2, 7, 15, 24-37

For what disease or injury? Stricture, urethra, Abscess, perineal, Rupture urethra, extravas. urine.

Name of operation Suprapubic w/cord dis. endo. & ext. Incision & drainage perineal abscess & ext. urethrotomy.

What test confirmed diagnosis? Clin. Path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. B. N. Anderson, M. D.
(Address) U. S. Marine Hospital, Bal to, Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34954

CERTIFICATE OF DEATH

75

F 34954

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2226 E. Biddle St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dennis Driscoll

(a) Residence: No. 2226 E. Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary E. Driscoll

6. DATE OF BIRTH (month, day, year) Jan. 23 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 40	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel 907

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Dennis Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Fenton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E. Driscoll

(Address) 2226 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 28 1937

19. UNDERTAKER John Ulbrich

(Address) 2008 Orleans St

Filed APR 27 1937 Thos. J. Fitzpatrick, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

V 8 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

O.K - Paul Ehrenberg, M.D. V

34955

HEALTH DEPARTMENT—CITY OF BALTIMORE

34955

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St 2-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Epstein

(a) Residence: No. 31 S. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Epstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Harry Sollod 1105 N 36th St.

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Herzing Rem Date April 28 1936

19. UNDERTAKER (Address) Sol Levinson & Bros 1127 E. Balto St

20. APR 27 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27/, 1936 to 4/27/, 1936

I last saw h.. alive on 4/27/, 1936. Death is said to have occurred on the date stated above, at 8.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia due to	4 days
Chronic nephritis	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Benjamin B. Kline, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. If LESS than 1 day state HOURS or MINUTES. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 34956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34956

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-4 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Raab

(a) Residence: No. Parkville, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alberta B. Raab

6. DATE OF BIRTH (month, day, year) Feb 24th 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck farmer

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Benjamin Raab

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. A. B. Raab (Address) Parkville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Joseph's Cem. April 29 37

19. UNDERTAKER Frank J. Bossert & Son (Address) 1401 Belair Ave

PR 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to April 26, 1937

I last saw him alive on April 26, 1937 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Cellulitis left leg	2 mos
	?
	?
	?

Other contributory causes of importance:
Hypertension & Arteriosclerosis
Chronic Myocarditis

Was an operation performed? Yes Date of 3-11-37

For what disease or injury? Cellulitis left leg

Name of operation Incision & Drainage

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Frank B. Stephenson M. D.

(Address) St Joseph Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34957

34957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

Registered No. 27-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Christopher Ave St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary A. Causey

(a) Residence: No. 2808 Christopher Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 1, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Vernon
(State or country) Md.

FATHER

13. NAME Henry W. Causey

14. BIRTHPLACE (city or town) Mt. Vernon
(State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Ransham

16. BIRTHPLACE (city or town) Mt. Vernon
(State or country) Md.

17. INFORMANT Bertrand Marsh

(Address) 2808 Christopher Ave Mt. Vernon Baltimore

18. BURIAL, CREMATION, OR REMOVAL Date April 29 1937

Place Asbury M. E. Cem Mt. Vernon

19. UNDERTAKER John C. Miller

(Address) 2433-35 E. Oliver St

APR 27 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.

Coroner

(Address) 4719 E. North Ave

V 5-36

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34958

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 W Barry St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie E. Harshore

If U. S. Veteran specify WAR

(a) Residence: No. 818 W Barry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis J. Harshore

6. DATE OF BIRTH (month, day, year) Oct-22-1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wesley Barker

14. BIRTHPLACE (city or town) (State or country) New York - N.Y.

MOTHER

15. MAIDEN NAME Mary E. Ward

16. BIRTHPLACE (city or town) (State or country) New York - N.Y.

17. INFORMANT Irene Hooker

(Address) 818 W Barry St. Balt

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Oct-26 1937

19. UNDERTAKER Geo. E. Miller

(Address) 1133-35 E. Baltimore St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-25-1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1936 to April 20, 1937

I last saw h... alive on April 25 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma Breast Right.	9 mo
Other contributory causes of importance: Metastasis to Lung + Brain	4 mo.

Was an operation performed? yes Date of Sept 9, 1936

For what disease or injury? Carcinoma Breast

Name of operation Radical Breast -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) H. De Bonelle M. D.

(Address) 4213 Frederick Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 27 1937

F 34959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34959

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 2 W. Ward)

Registered No. 90-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Philip McC. Kelly S.J. If U. S. Veteran specify WAR

(a) Residence: No. Woodstock College St., Ward Woodstock Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1 mo.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Henry McC. Kelly

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Record

(Address) Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodstock College Md. Date 4-29 1937

19. UNDERTAKER Bernard E. Haver

(Address) 121 E West St

FILED APR 28 1937 [illegible] Registrar

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest and that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	April 26 37
Septic Sore Throat	April 22 1937

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Monumental Ave

N. B.—WRITE PLAINLY with pen and ink. Every question must be answered. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34960

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital V 134

Registered No.

CITY OF BALTIMORE: (No.) St. 11-3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roger Taylor

If U. S. Veteran specify WAR

(a) Residence: No. Conowingo St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Jerry Taylor

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary S Conofield

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Roger Taylor
(Address) Conowingo, Md.

18. BURIAL, CREMATION, OR REMOVAL
Darlington Md. Date 4-28 1937

19. UNDERTAKER Herbert S. Bailey
(Address) Darlington Md.

20. FILED APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1937 to 4-27 1937

I last saw him alive on 4-27 1937. Death is said to have occurred on the date stated above, at 5:40 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis	
Pyonephrosis	
Other contributory causes of importance: Uraemia	

Was an operation performed? Yes. Date 4-13-37

For what disease or injury? Nephrolithiasis

Name of operation Nephrostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Ewald Jr. M. D.

(Address) Md. Gen'l. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34961

34961 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 600 S. Chapel Gate Lane St., Sieling's Sanatorium Ward 25-1)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. Life

2. FULL NAME William H. Stewart
If U.S. Veteran specify WAR No Record
(a) Residence: No. Sieling's Sanatorium St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Alice Virginia Stewart
6. DATE OF BIRTH (month, day, year): Jan. 19-1855
7. AGE: Years 82 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Custodian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Johns Hopkins Univ
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: James Stewart
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Eliza McCourt
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Stanley H. Brady
(Address) 2564 University Place Wash DC

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem Date: April 29-37

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

20. FILED: Apr 29 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27th 1937
22. I HEREBY CERTIFY, That I attended deceased from May 1935 to April 27 1937
I last saw him alive on April 15 1937. Death is said to have occurred on the date stated above, at 12:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Uremia	
Other contributory causes of importance:	
Myocarditis	

Was an operation performed? — Date of —
For what disease or injury?
Chemical
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilhelmina Fuhrbach M. D.
(Address) 20 S. Pratt St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 29 1937

F 34962

F 34962 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 Allendale Rd St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Edgar Benson

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2704 Allendale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~: Sue E. Benson

6. DATE OF BIRTH (month, day, year): Sept 10th 1879

7. AGE: Years 57 | Months 7 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Metal Craft Co

10. Date deceased last worked at this occupation (month and year): March 1937

11. Total time (years) spent in this occupation: 28

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Dr Chas. W. Benson

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

MOTHER

15. MAIDEN NAME: Mary Jane Barker

16. BIRTHPLACE (city or town) (State or country): Chester Co Pa

17. INFORMANT: Sue E. Benson
(Address) 2704 Allendale Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 29th 1937

19. UNDERTAKER: Wm Roth
(Address) 1217 St Paul st

APR 28 1937 ... Livingston ... Allendale Rd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to April 26, 1937

I last saw him alive on March 26, 1937 Death is said to have occurred on the date stated above, at 8th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Thoracis	4/1/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene R. Pessagno, M. D.

(Address) 514 Davey Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34963

CERTIFICATE OF DEATH

51-C

Registered No. 19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S Monroe St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Henry Schmidt

(a) Residence: No. 315 S. Monroe St., Ward.
(Usual place of abode) 45 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Schmidt

6. DATE OF BIRTH (month, day, year) Dec 27, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	73	4	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mill

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elmer Schmidt

(Address) 1412 Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity County Date April 29 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 19 [illegible] Baltimore, Md.

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-23- 1936 to 4-26 1937

I last saw him alive on 4-26 1937 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate - Uremia	
Other contributory causes of importance: Hemiplegia	1931
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Kallins M. D.

(Address) 716 W. Pratt St.

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34964

CERTIFICATE OF DEATH

95-8

1. PLACE OF DEATH U. S. Marine Hospital, Balto. Md.

CITY OF BALTIMORE: (No. ..... St. 28-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alf Hallin

(a) Residence: No. 6510 Brighton Ave., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) September 1, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wiper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Seaman

10. Date deceased last worked at this occupation (month and year) 11-1-36

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Orust, Sweden

FATHER

13. NAME Axen Hallin

14. BIRTHPLACE (city or town) (State or country) Gothenburg, Sweden

MOTHER

15. MAIDEN NAME Hedvig Sommar

16. BIRTHPLACE (city or town) (State or country) Gothenburg, Sweden.

17. INFORMANT Records-U.S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place St. Mary's Hampden Date April 28, 1937

19. UNDERTAKER E. Leroy Stuffler, Inc. (Address) 1256 North Ave.

FILED APR 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937, 19..., to April 25, 1937

I last saw him alive on April 25, 1937. Death is said to have occurred on the date stated above, at 2:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, hypertrophy and	
dilatation	unknown
Arteriosclerosis, general	"
	years
Other contributory causes of importance:	
Hemorrhage, pulmonary	1 day
Infarction, pulmonary	1 day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) K. K. Bryant M. D.

(Address) U. S. Marine Hospital, Balto. Md.

IF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34965

CERTIFICATE OF DEATH 21916--CM 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosps. St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1912 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Gladden

If U. S. Veteran specify WAR /

(a) Residence: No. 1326 Carey St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert (D)

6. DATE OF BIRTH (month, day, year) 2-3-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Chas. Caskins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Laura Montague

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/27 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Aisquith St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-16 1937 to 4-24 1937

I last saw her alive on 4-24 1937 Death is said to have occurred on the date stated above, at 9 56 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
& metastases to lungs	3 yrs
+ bones -	
Other contributory causes of importance:	

Was an operation performed? Amputation Hospital

For what disease or injury? Carcinoma breast

Name of operation amputation breast

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Glover M. D.

(Address) Balt. City Hosp.

PRINTED IN U. S. A. WRITE PLAINLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 1937

F 34966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34966

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 Gold St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Henry Gough

If U. S. Veteran specify WAR .....

(a) Residence: No. 502 Gold St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Gough

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Rosie Gough.

(Address) 502 Gold St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 28. 1937

19. UNDERTAKER T. E. Nelson

(Address) 1302 Pennsman St

20. FILED ..... 19..... Registrar

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1937 to 4/25 1937

I last saw him alive on 4/25/37 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis & Uremia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) B. W. Curtis M. D.

(Address) 719 Dr. of Health

INSTRUCTIONS—WRITE PLAINLY, WITH LEAD PENCIL. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34967

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriett Levitt

If U. S. Veteran specify WAR .....

(a) Residence: No. 2915 Rockrose Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-19-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Levitt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Davidoff

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Oheb Zedalom Dec 4-28 1937

19. UNDERTAKER Jack Davis Inc
(Address) 1433 E. Belv.

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937 to April 27, 1937

I last saw her alive on April 27, 1937 Death is said to have occurred on the date stated above, at 12 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	3-1-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. C. Stephenson M. D.

(Address) Johns Hopkins Hospital

V0 3

APR 28 1937

Apr

F 34967 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 15-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriett Levitt

If U. S. Veteran specify WAR .....

(a) Residence: No. 2915 Rockrose Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-19-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Levitt

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Davidoff

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Oheb Zedalom Dec 4-28 1937

19. UNDERTAKER Jack Davis Inc
(Address) 1433 E. Belv.

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937 to April 27, 1937

I last saw her alive on April 27, 1937 Death is said to have occurred on the date stated above, at 12 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis	3-1-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm. C. Stephenson M. D.

(Address) Johns Hopkins Hospital

V0 3

APR 28 1937

Apr

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34968

34968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital 19-4 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna D Scott

(a) Residence: No. 1829 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter L.

6. DATE OF BIRTH (month, day, year) April 2 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	—	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none housewife 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robert Silsan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Fleischman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter L. Scott

(Address) 1829 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4-28- 1937

19. UNDERTAKER Frederick A. Pole

(Address) 1200 W Lombard St

20. FILED APR 28 1937 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by inquest, autopsy and that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic peritonitis	
from incomplete abortion	

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury April 11, 1937

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Induced abortion

Nature of injury Pelvic peritonitis

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Elwood Ave

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 34969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34969

94 B

Registered No. 43-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 35-21 Roland Ave St., (Ward) Life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry H George

(a) Residence: No. 35-21 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Gilbert

6. DATE OF BIRTH (month, day, year) Feb 14 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (City or town) (State or country) Baltimore City

FATHER

13. NAME John E George

14. BIRTHPLACE (City or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Sarah E Thompson

16. BIRTHPLACE (City or town) (State or country) Balto Co, Md

17. INFORMANT (Address) Sarah E George 35-21 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Apr 29 37

19. UNDERTAKER (Address) Hamilton H Sons 814 N Eutaw St

20. FILED APR 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1937 to April 26 1937

I last saw him alive on April 26th 1937 Death is said to have occurred on the date stated above, at 7.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion (Pontaneous thrombosis)	

Other contributory causes of importance:

Above.

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) F H Tilden M. D.

(Address) 361 N Fulton Ave. Balto Md

N. B.—WRITE PLAINLY, WITH UNFADING INK. THE INFORMATION REQUIRED UNDER EACH HEADING SHOULD be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

34970

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34970

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Druid Hill St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Hicks Sr

If U. S. Veteran specify WAR

(a) Residence: No. 2510 Druid Hill Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Hicks

6. DATE OF BIRTH (month, day, year) April 15 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chloroformer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Samuel Hicks

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy Davis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Margaret Chapman

(Address) 2510 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Lebanon Date 4/28/37 19

19. UNDERTAKER Wm. H. Holland

(Address) 621 Druid Hill Ave

20. FILED 19 Registrar.

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	April 25, 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Eutaw Pl Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22141 EB

34971

HEALTH DEPARTMENT—CITY OF BALTIMORE

34971

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Lomonosoff

If U. S. Veteran specify WAR

(a) Residence: No. 946 Leadenhall St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose (Divorced)

6. DATE OF BIRTH (month, day, year) [redacted]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER

15. MAIDEN NAME Marian

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 4-28-37 19

19. UNDERTAKER Fuchs & Lewis Long
(Address) 1434 E. Baltimore St

20. FILED 19 Registrar.

APR 28 1937 [illegible], Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-23-1937 to 4-27-1937

I last saw him alive on 4-27-1937 Death is said to have occurred on the date stated above, at 9:04 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	2 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34972

34972

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5514 Mattfeldt Ave ST. 27-15 WARD)

2-FULL NAME Mrs Lana L Palmer

(a) RESIDENCE NO. 5514 Mattfeldt Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of or) ~~WIFE~~ of Harry Palmer

6 DATE OF BIRTH (month, day, and year) Jan. 5 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	3	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Fort Washington Md

PARENTS

10 NAME OF FATHER Wm Freeland

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minnie Stuzka

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Harry Palmer

(Address) Fort Washington Md

4-28-1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4. 26 1937

17 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937, to Apr. 26, 1937,

that I last saw h er alive on Apr. 26, 1937,

and that death occurred, on the date stated above, at 11.45 P m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis Hypertension -

Thrombosis - Coma

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) C A V Becton, M. D.

4-27, 1937 (Address) Fort Washington Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Lebanon Freelands Md

DATE OF BURIAL April 29. 1937

20 UNDERTAKER Ebenower & Son.

ADDRESS 2615-17 Eastern Ave

mation should be carefully supplied. Age should be stated in years. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may be properly classified.
TION is very important. See instructions on back of certificates.

34973 E 34973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine C. Klug.

If U. S. Veteran specify WAR

(a) Residence: No. 5011 York Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Clement Klug.

6. DATE OF BIRTH (month, day, year) April 2, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year) Apr 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Thomas Campbell.

14. BIRTHPLACE (city or town) (State or country) Balti Md.

MOTHER

15. MAIDEN NAME Virginia Dunn.

16. BIRTHPLACE (city or town) (State or country) Balti Md.

17. INFORMANT (Address) Clement Klug 5011 York Road

18. BURIAL, CREMATION, OR REMOVAL Pl. St Mary's Cem Govans May 1 - 37

19. UNDERTAKER (Address) Chas. H. Kraus & Son 11 E. W. mt. Royal Ave

20. FILED 19 Registrar

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to April 27, 1937

I last saw her alive on April 27, 1937. Death is said to have occurred on the date stated above, at 11:48 A m.

The principal cause of death and related causes of importance were as follows:

Vaginal Histerectomy secondary hemorrhage and post-operative Shock. — Date of onset

Other contributory causes of importance:

Uterine Fibroid

Was an operation performed? yes Date of 4-27-1937.

For what disease or injury? Uterine Fibroids.

Name of operation Vaginal Histerectomy.

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold Hubert Burns, M. D.

(Address) Mercy Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 34974

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34974

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 Evesham Avenue St. 27-W Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME THOMAS TAYLOR

(a) Residence: No. 808 Evesham Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary A. Taylor

6. DATE OF BIRTH (month, day, year) Apr. 4, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	--	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pitendinie (State or country) Scotland

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) Scotland (State or country)

MOTHER

15. MAIDEN NAME Jane Mac Graw

16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT Mr James Taylor (Address) 808 Evesham Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Apr. 30, 1937

19. UNDERTAKER Chas. P. Sacks & Son (Address) [illegible]

20. FILED APR 29 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to April 27, 1937

I last saw him alive on April 26, 1937 Death is said to have occurred on the date stated above, 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urgemia Cerea	4/25/37
Chr. Interstitial Nephritis	?
Other contributory causes of importance: Arterio Sclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lillian R. Draught, M. D.

(Address) 10 E. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

34975 E 34975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 E. 28 St. 12-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Christina Nordt

If U.S. Veteran specify WAR

(a) Residence: No. 335 E. 28 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced "HUSBAND of" (or) "WIFE of" Wm Ellis Nordt

6. DATE OF BIRTH (month, day, year) Sept. 1 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Gruner

14. BIRTHPLACE (city or town) (State or country) Not. Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Helen E. Amberg

(Address) 335 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Apr. 29 1937

19. UNDERTAKER Henry Hack Sons, Inc

(Address) 1501 E. Eager St.

20. FILED Registrar.

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-12-1930 to 4-26-1937

I last saw her alive on 4-26-1937 Death is said to have occurred on the date stated above, at 8:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	1930
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Geo. B. Sybert M. D.

(Address) 7802 Harford Ave

N. B.—WRITE PLAINLY, WITH PEN AND INK. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE 34976

CERTIFICATE OF DEATH

34976

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Vine St., 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 5 mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Nelson

(a) Residence: No. 716 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Nelson

6. DATE OF BIRTH (month, day, year) 11/25/1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	44	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 3/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Nelson

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ellen Turner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Julia Saunderson
(Address) 843 Linden

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/28/37

19. UNDERTAKER Isaiah L. Brown & Son
(Address) 1082 Montgomery St

APR 28 19

20. FILED ..., 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25/1937

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1937 to 4/25, 1937

I last saw her alive on 4/24 1937 death is said to have occurred on the date stated above, at 7 a.m.

The **principal cause of death** and related causes of importance were as follows:

Uraemia 10 days
Chronic nephritis.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Urine +++ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Frankel, M. D.

(Address) 1212 N Eden

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34977 ✓ F 34977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 W. Baltimore St. St., 20-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Jane Collison

If U. S. Veteran specify WAR No.

(a) Residence: No. 2114 W. Baltimore St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert H. Collison

6. DATE OF BIRTH (month, day, year) 11/13/56

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

FATHER

13. NAME Levin Kimmey

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME mary ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Howard S. Hopkins
(Address) 18 N. Gorman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy. 4/28/37 19

19. UNDERTAKER John O. Mitchell & Bro.
(Address) 1900 Eutaw Place

APR 28 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26. 19 37

22. I HEREBY CERTIFY, That I attended deceased from May, 1936 to Apr. 26 19 37

I last saw her alive on Apr. 25, 1937. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	1936
Carcenosis	
Other contributory causes of importance: Carcinoma Lungs	1937

Was an operation performed? No Date of ✓

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ✓ 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) John S. Bishop M. D.

(Address) 12 E. 25th. St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

34978

CERTIFICATE OF DEATH

93-C 34978

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3329 Mondawmin Ave St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Schott,

If U. S. Veteran specify WAR

(a) Residence: No. 3329 Mondawmin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Henry Schott,

6. DATE OF BIRTH (month, day, year) May 31. 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Miller,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rebecca Robinson,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Anna M. Beall
(Address) 3329 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date APR 30 1937 19

19. UNDERTAKER Geo W Cole
(Address) 2700 Edmondson Ave.

20. FILED 19

Registrar

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 27 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29 1937 to April 27 1937

I last saw h.. alive on April 26 1937. Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1933
Myocarditis acute	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Phys. exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E W Billups M. D.
2224 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20608 EB F 34979

F 34979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 27-6 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Johanson

If U. S. Veteran specify WAR

(a) Residence: No. 2829 Beechland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 5-23-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME John Johanson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Selma

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Leander Park Date 4/29 1937

19. UNDERTAKER Leonard J. Finch
(Address) 2015 Hartford Rd

20. FILED APR 29 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1937 to 4-26, 1937

I last saw him alive on 4-26, 1937 Death is said to have occurred on the date stated above, at 9 45 P m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Cellulitis of Arm	4 Weeks
Other contributory causes of importance: Rheumatic Heart Disease	1 yr.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 34980

34980 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Greenmount Ave. Ward) 12-7

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Frank

(a) Residence: No. 2212 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mary Frank

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55-55	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe - industry

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Frank

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esha Frank

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. H. Frank
(Address) 2212 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Henry Run Date 4-29- 1937

19. UNDERTAKER Jack Levin Inc
(Address) 1423 E. Baltimore St

[redacted]

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 25 1937 to Apr. 26 1937

I last saw him alive on April 26 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	5 yrs
Coronary Thrombosis	7 days

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Benj. Kadry M. D.

(Address) 2306 Eutaw Place

V. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34981

CERTIFICATE OF DEATH

131 F 34981

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S. Bethel St. 3-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonard Washington

(a) Residence: No. 134 S. Bethel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of ~~(or) WIFE~~ of Alice Washington

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Approx 62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys County Md

FATHER

13. NAME Stephen Washington

14. BIRTHPLACE (city or town) (State or country) St. Marys County Md

MOTHER

15. MAIDEN NAME Hester Langford.

16. BIRTHPLACE (city or town) (State or country) St. Marys County Md

17. INFORMANT Alice Washington

(Address) 134 S. Bethel St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date April 29 1937

19. UNDERTAKER Peter A. Young

(Address) 501 N. Carolina St

Filed APR 28 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/14 1937 to 4/25 1937

I last saw h/m alive on 4/23/1937 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?

Other contributory causes of importance:

Arterio-sclerosis	?
Chr interstitial nephritis	?
Mitral insufficiency	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Rayner Bruns M. D.

(Address) 1510 E. Mad. St

Marva Jackson

F 34982

F 34982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 8-1 St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marva Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 N. Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-12-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lorenzo Coleman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ella Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mother
(Address) 114 N Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date April 29 1937

19. UNDERTAKER Robert E Williams
(Address) 1513 Pennsylvania Ave

APR 28 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-20-1937 to 4-27-1937

I last saw h.. alive on 4-27-1937 Death is said to have occurred on the date stated above, at 3 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	4-7-37
	own
Other contributory causes of importance: Tuberculous meningitis	4-7-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. H. Waghelstein M. D.

(Address) Sydenham

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MYER

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34983 CERTIFICATE OF DEATH 93-aF 34983

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Gilbert St., 16th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Veronica Myer

(a) Residence: No. 627 Gilbert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fml	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie P. Myer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Richard Myer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Virginia Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Katie P. Myer Wife

(Address) 627 Gilbert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 29, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 E Edmondson St

APR 28 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 10 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Kaufelaar M. D. Coroner

(Address) 1210 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34984

CERTIFICATE OF DEATH

120 F 34984

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian M. Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 811 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of James Wilson

6. DATE OF BIRTH (month, day, year) July 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Md.

FATHER

13. NAME William H. Wilson

14. BIRTHPLACE (city or town) (State or country) Centerville Md.

MOTHER

15. MAIDEN NAME Carrie Stribling

16. BIRTHPLACE (city or town) (State or country) Centerville Md.

17. INFORMANT Carrie Stribling
(Address) 811 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 28, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-24-1937 to 4-25-1937

I last saw her alive on 4-22-1937 Death is said to have occurred on the date stated above, at 12 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mucous colitis	1-1931
Other contributory causes of importance: Secondary anemia	3-1937

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34985

CERTIFICATE OF DEATH

15

F 34985

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital) (Ward) 6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth E. Holmes

If U. S. Veteran specify WAR .....

(a) Residence: No. 501 - S. Longwood St. St., 20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) ~~WIFE~~ of Winter Holmes

6. DATE OF BIRTH (month, day, year) Jan. 13, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME David Young

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Stout

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robert Winters Holmes

(Address) 501 S. Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 28, 1937

19. UNDERTAKER (New) F. B. Herbert & Son

(Address) 1300 Eutaw Place

20. FILED APR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937 to April 27, 1937

I last saw her alive on April 27, 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas - Idiopathic	4/24/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sidney Gelman M. D.

(Address) Lydenham Hospital

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 34986

22956 EB ✓ F 34986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Bright (Clara V. Bright)

If U. S. Veteran specify WAR

(a) Residence: No. 523 S. Fremont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John (Deceased)

6. DATE OF BIRTH (month, day, year) 12-1-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Charles Turner (Dead)

14. BIRTHPLACE (city or town) Frederick, (State or country) Md.

MOTHER

15. MAIDEN NAME Nellie Patchett (Dead)

16. BIRTHPLACE (city or town) Washington, (State or country) D. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 29 1937

19. UNDERTAKER Joseph H. Cook

(Address) 1005 E. Baltimore St.

19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1937 to 4-26 1937

I last saw h[illegible] alive on 4-26 1937 Death is said to have occurred on the date stated above, at 9½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 da
Other contributory causes of importance:	
Hypertension Cardio-Vascular Renal Disease	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John [illegible] M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 28 1937 [illegible]

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34987

CERTIFICATE OF DEATH

93c F 34987

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 N Calvert St., 12-3 Ward)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Blass

(a) Residence: No. 2811 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henrietta P Blass

6. DATE OF BIRTH (month, day, year): Aug 5, 1864

7. AGE: Years 72 | Months 8 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Rev Jacob Blass

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Barthel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wife Henrietta P Blass
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem. Date: Thur Apr 29 1937

19. UNDERTAKER: Geo Schildknecht Sons
(Address): 1124 1126 E Monument St

20. FILED: APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11th 1937, to April 27th 1937.
I last saw him alive on April 27 1937. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10 yrs

Other contributory causes of importance:
Arteriosclerosis
Hypertension
Arsenical Bronchitis

Name of operation: No Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm D Tuck M. D.
(Address) 9365 Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 34988

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2230 Garrison Blvd Ward) 15-9

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME John H. Dockman

If U. S. Veteran specify WAR

(a) Residence: No. 2230 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Dockman.

6. DATE OF BIRTH (month, day, year) July 7th 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Louis A. Dockman.

(Address) 2230 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4-29-1937

19. UNDERTAKER Bernard C. Harle.

(Address) 121 E. West St.

APR 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from January 1 1937, to April 26 1937

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 8.20 A. m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis-cystitis about	Jan 1-37
nephritis	Jan 1-37
Secondary anemia	

Other contributory causes of importance:

Arterio-sclerosis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical & Labratory Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Walter S Hubbard M. D.

(Address) 2220 Garrison Blvd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34989

CERTIFICATE OF DEATH

161 D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 north Carlton St. 18-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? one-four yrs. ..... mos. ..... ds.

2. FULL NAME albert Mathews

If U. S. Veteran specify WAR .....

(a) Residence: No. 3 N. Carlton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4-23-37

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Mathews

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Charlotte Immanuel

16. BIRTHPLACE (city or town) (State or country) Martinsberg West Va.

17. INFORMANT William Mathews

(Address) 3 N. Carlton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lutz Morgue Date 19

PUBLIC CEMETERY APR 28 1937

19. UNDERTAKER Commissioner of Health

(Address) .....

APR 28 1937 19 Per H. A. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

his death on the day stated above. 12. M (noon)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Placental Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-23, 1937

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Child Bled to death before Cord was ligated

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H Phillips M. D. Coroner

(Address) 1937 Edmondson

V S 6

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Grave # 12 V F 34990

F 34990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found in harbor Lancaster & Spring St. 3-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Davis

If U. S. Veteran specify WAR .....

(a) Residence: No. 135 S. Bond St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of V

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Abt 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date APR 28 1937

19. UNDERTAKER Commissioner of Health
(Address) Per M. A. Moore

Date APR 29 1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) found in harbor April 12 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Probably Accident, suicide or homicide? Date of injury April 1, 1937

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Found floating — harbor

Manner of injury Probably fell overboard

Nature of injury Probably Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

NOTICE—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 29 1937

E 34991

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34991

CERTIFICATE OF DEATH

53-c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Manck

If U. S. Veteran specify WAR

(a) Residence: No. Stephens City, Va. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/19/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4½	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Rodney Manck

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances Stout

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Stephens City Va Date Apr 29 '37

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1937 to Apr 28, 1937

I last saw her alive on Apr 26, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - malignant?	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 27, 1937.

For what disease or injury? Brain Tumor

Name of operation Right craniotomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 29 1937

17

34992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 34992

159

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Davis

If U.S. Veteran specify WAR ...

(a) Residence: No. Arundel Cove Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/21-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			7	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George M. Davis

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Edith Glenn

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Davis

(Address) Arundel Cove.

18. BURIAL, CREMATION, OR REMOVAL

Place Marley Cem. Date 4/29. 1937

19. UNDERTAKER J. F. W. Culley

(Address) 130 E. 41st St.

20. FILED APR 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27. 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-21. 1937 to 4-27. 1937

I last saw her alive on 4-27. 1937 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4-21-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis J. Krill M. D.

(Address) South Balto. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 34993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34993

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4911 Ross Rd. St., 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter J. McConnick

(a) Residence: No. 4911 Ross Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Cecelia N. McConnick

6. DATE OF BIRTH (month, day, year) November 17 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John McConnick

14. BIRTHPLACE (city or town) (State or country) Balto. County Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Cecelia McConnick
(Address) 1215 Virginia Ave. Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loving Dream Date 4/29/37

19. UNDERTAKER Leonard J. Reed
(Address) 5301 Harford Rd.

APR 29 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/ , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 34994 F 34994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4422 Forest View Ave St., 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME P. Vincent Miles

If U.S. Veteran specify WAR No Record

(a) Residence: No. 4422 Forest View St., Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) ~~Wife~~ of May V Miles

6. DATE OF BIRTH (month, day, year) Aug 12 1879

7. AGE: Years 57; Months 8; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Myers - Kicks

10. Date deceased last worked at this occupation (month and year) April 23/37

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME William J. Miles

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Cecelia McGee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Dorthey Hubbel

(Address) 4422 Forest View Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date April 29 1937

19. UNDERTAKER William Cook

(Address) 1212 St Paul Street

APR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-37

22. I HEREBY CERTIFY, That I attended deceased from 4-24-37, 19..., to 4-27-37, 19...

I last saw him alive on 4-27-37, 19... Death is said to have occurred on the date stated above, at 2:45 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 4-24-37

Fatal arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Med Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 34995

F 34995 HEALTH DEPARTMENT—CITY OF BALTIMORE F 34995

CERTIFICATE OF DEATH

122-a

Registered No. 27-10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ——

2. FULL NAME William Haldane Dean Jr.

(a) Residence: No. 521 Beaumont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ..... Single

6. DATE OF BIRTH (month, day, year) Aug 10 - 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm H Dean

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence M Eck

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT (Address) Wm H Dean 3924 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Apr 30, 37

19. UNDERTAKER (Address) William Cook 1217 St Paul St

20. FILED APR 23 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1937, to 4-27, 1937

I last saw h.im alive on 4-27 1937 Death is said to have occurred on the date stated above, at 1 45 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure under Anesthesia (Ether)	4-27-37
Rt inguinal hernia. Incarcerated	Since Birth
Other contributory causes of importance: Cerebral Collapse. Rt Lung	4-27-37

Was an operation performed? yes Date of 4-27-37

For what disease or injury? Incarcerated hernia

Name of operation — Herniaplasty

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Copeland M. D.

(Address) Union Memorial Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34996 — CERTIFICATE OF DEATH — F 34996

122-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1606 N. Bruce St. (Ward) 5-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo L. Alston

If U. S. Veteran specify WAR .....

(a) Residence: No. 1606 N. Bruce St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 3 - 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Durham N. Co

FATHER

13. NAME Jas H. Alston

14. BIRTHPLACE (city or town) (State or country) Raleigh N. Co

MOTHER

15. MAIDEN NAME Bertie Knotts

16. BIRTHPLACE (city or town) (State or country) Concord N. Co

17. INFORMANT Bertie Alston

(Address) 1606 N. Bruce

18. BURIAL, CREMATION, OR REMOVAL

Place Middle River Date April 29 37

19. UNDERTAKER E. C. Kelson

(Address) 1303 Presstman St

20. FILED ... Registrar.

APR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21 1937 to April 27 1937

I last saw him alive on April 26 1937 Death is said to have occurred on the date stated above, at 5.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
Cirrhosis of Liver	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. E. Linck M. D.

(Address) North 12th & Druid

22658 KB

F 34997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34997

107-a

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clayborne Williams

If U. S. Veteran specify WAR

(a) Residence: No. 714 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-22-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward E. Williams

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date [illegible] 19[illegible]

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED APR 6 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1937 to 4-27 1937

I last saw him alive on 4-27 1937. Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, primary	4-15-37
Staphylococcus Septicemia	4-24-37
Other contributory causes of importance:	
Aplastic Anemia	4-15-37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C B Josey M. D.

(Address) Baltimore City Hospital

V8 8

F 34998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 34998

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 15-3 Ward.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Stella Tate Sharretts

(a) Residence: No. 2143 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Graphic Section
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veterans Bureau
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER

13. NAME D E H Sharretts
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Kate R Brodyear
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs LeRoy Aldhem
(Address) 2143 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Apr 30 1937

19. UNDERTAKER Emil J Zitkus & Sons
(Address) North & Penna Aves.

20. FILED [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 23 1937 to April 28 1937

I last saw her alive on April 28 1937. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Carcinoma of sigmoid	1935
Other contributory causes of importance: Intestinal obstruction, chronic	

Was an operation performed? Yes Date of 2-4-36 2-11-36

For what disease or injury? Carcinoma of sigmoid and intestinal obstruction

Name of operation Colotomy Opening of colotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APPROVED

VS 3

F 34999

34999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals St., 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John D. Buxenstein

(a) Residence: No. 1709 N. Bradford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) June 23 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lorren 1240

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com Cob & Seed C.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Otto

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Hannah Hanneman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Irene Willey

(Address) 6402 Fenway Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Apr 29, 1937

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St

20. FILED ..... 19 .....

..... Registrar.

APR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence

(Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came

(Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured 4th rib	
& Hypostatic pneumonia	

Other contributory causes of importance:

Blind —

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence, etc.) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 24, 1937

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fractured ribs, contusion etc.

Nature of injury Fall down stairs

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. V. Wright Coroner, M. D.

(Address) 1010 S. Belnont Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

3F 8167 3F 35000

CERTIFICATE OF DEATH

119F 35000

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Norvel Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1633 Barnes St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/26/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Norvel Jones

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Vendelle Budgeport

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Mt Calvary Cem. Date April 29 1937

19. UNDERTAKER Mgt. Robert A. Elliott - daughter
(Address) 1129 Warolina St.

20. FILED Harrington Funeral Home
APR 29 1937 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20 1937 to April 28 1937

I last saw him alive on April 28 1937 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	4/18/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving Rosenbloom, Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108 F 35001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 E. Preston St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Malachi Ridley

(a) Residence: No. 1630 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Bessie Ridley

6. DATE OF BIRTH (month, day, year) Dec 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	X		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke Co. Va

FATHER

13. NAME James Ridley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Patsy Brigget

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bessie Ridley (Address) 1630 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date 4/30/ 1937

19. UNDERTAKER Brown & Morris Mortuary (Address) 1300 E. Monument St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20 1937 to April 26 1937.

I last saw h in alive on April 26 1937. Death is said to have occurred on the date stated above, at 3 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/19/37
Other contributory causes of importance:	
Dyspnea	

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B Le Compte M. D.

(Address) 1113 N Carrollton Ave

1931

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Bolch

E 35002

E 35002 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. Regester St.) 2-3 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph F. Bolch

(a) Residence: No. 714 S. Regester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 3 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ..

17. INFORMANT Mrs. Malcolm

(Address) Brooklyn N. Y.

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date April 29th 1937

19. UNDERTAKER Leo G. Cook

(Address) 1703 N. Patterson Park Ave

... 1937

Registrar

APR 29 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Magee Coroner, M. D.

(Address) 1010 S. Ellwood Ave

M D

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35003

CERTIFICATE OF DEATH

108 F 35003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 13 - 2 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 47 yrs. ..... mos. ..... ds.

2. FULL NAME Rose Dischler (DISCHLER)

If U. S. Veteran specify WAR .....

(a) Residence: No. 2201 Brookfield Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mark

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Lab Appelbloom

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lehnen Funeral Home Date 4-29-37 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED APR 29 1937 19 [illegible] M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1937 to 4-28 1937.

I last saw h alive on 4-28 1937. Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Hypertensive Cardio Vascular disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) Sinai Hospital.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35004

35004 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 37-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2879 Chesterfield Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William F. Simmons Socki

(a) Residence: No. 2879 Chesterfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15, 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Office Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles W. Simmons

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Antionette Anuszewski

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles W. Simmons
(Address) 2879 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 1, 1937

19. UNDERTAKER M. J. Satowski & Sons
(Address) 1804 Eastern Ave.

20. FILED APR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to April 27, 1937

I last saw h. alive on April 27, 1937. Death is said to have occurred on the date stated above, at 4.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonis	
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify Do not know

(Signed) W. J. Costello M. D.

(Address) E 35 & E 31st St

Information should be carefully supplied. Age should be stated in years, months and days if under one year. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 35005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35005

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1[illegible] Arlington Ave. 18-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francesco Maiolini Accorsi

If U. S. Veteran specify WAR .....

(a) Residence: No. 1[illegible] Arlington Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Accorsi

6. DATE OF BIRTH (month, day, year) Jan 29 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Salvatore Maiolini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Felicita Greco

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Frank Accorsi

(Address) 1[illegible] Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cemetery Date April 30, 1939

19. UNDERTAKER Frank V. Capitone

(Address) 2[illegible]15 E. Baltimore St

FILED 19 APR 23 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1939

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came to (Inquest, Autopsy or Inquiry)

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 58

M. D. B. 1268-9

F 35006

F 35006 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Hollins Ferry Rd. Ward) 53-82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Frank Tyler

(a) Residence: No. 2606 Hollins Ferry Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Tyler

6. DATE OF BIRTH (month, day, year) Aug 24, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Watkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alberta Tyler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alberta Tyler

(Address) 2352 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 2, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 222 N Schroeder St.

20. [illegible] Registrar.

R 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/37

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1937 to Apr. 27, 1937

I last saw him alive on Apr. 26, 1937 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4/21/37
Other contributory causes of importance: Hypertension	Oct 1935

Name of operation..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Stuart Kirby M. D.

(Address) 1600 W. Fayette St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35007

35007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 4 2 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Corrie Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. Rogers Ford, Towson Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced WIFE of Leonard Butler

6. DATE OF BIRTH (month, day, year) April 1900

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
37	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Feb. 36

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Isaac Dotson

14. BIRTHPLACE (city or town) (State or country) Ellicott City Md

MOTHER

15. MAIDEN NAME Fannie Lee Cl

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Leonard Butler

(Address) Rogers Ford, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Howard Co Md Date April 30, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 32 N. Schroeder St

20. FILED 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4. 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from 4. 19. 1937 to 4. 26. 1937

I last saw her alive on 4. 26. 1937 Death is said to have occurred on the date stated above, at 8 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm Rt upper limb	1/1/30?
Fractured tibia	2 mos

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James D Carr, M. D.

(Address) 515 Morley St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35008

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Bowers Court St., 78-2 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lola Holmes

(a) Residence: No. 220 Bowers Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Holmes

6. DATE OF BIRTH (month, day, year) May 19 - 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47 48	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Tyler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Tyler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie Tyler

(Address) 220 Bowers Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 29, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. FILED Huntington Williams, Registrar

APR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to (his) death on the day stated above. 6.3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Static Pneumonia	

Other contributory causes of importance: Chronic Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 32804 (H)

CERTIFICATE OF DEATH

F 35009

107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean Finkelstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 2809 Keyworth ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-29-25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benj Finkelstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Laska

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Windsor Mills Rd
Place Date April 30 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1427 E Belle st

20. FILED APR 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937 to April 29, 1937

I last saw he alive on April 29, 1937. Death is said to have occurred on the date stated above, at 12 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 21 37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Palmer H. Lattimer M. D.

(Address) Johns Hopkins Hosp.

Information called for on both sides of this certificate is necessary to complete the record of death. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Bolton St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Bissell Spalding

If U.S. Veteran specify WAR .....

(a) Residence: No. 1604 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 14, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

FATHER

13. NAME William A. Spalding.

14. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

MOTHER

15. MAIDEN NAME Emelia Strohm

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Mrs Emelia L. Spalding 1004 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Apl. 30, 1937

19. UNDERTAKER (Address) Wm. Rochus Sons Spath & Davies.

20. FILED APR 29 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27th, 1937 to April 28, 1937

I last saw her alive on April 28, 1937. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	1925
Cerebral Hemorrhage	1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. L. Fegin M. D.

(Address) 3021 Belair Road.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35011

CERTIFICATE OF DEATH

95-B

13-7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

4. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4137 Roland Avenue St., Ward)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY A. McCOURT

(a) Residence: No. 4137 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If ~~married, widowed, or divorced~~ WIFE of Charles J. McCourt

6. DATE OF BIRTH (month, day, year) Mar. 17, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~at home~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Martin Ziegler

14. BIRTHPLACE (city or town) Balto. Md.
(State or country)

MOTHER

15. MAIDEN NAME Matilda Hoop

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mr. Irvin McCourt
(Address) 4137 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 1, 1937

19. UNDERTAKER Chas. F. Grace & Son
(Address) 111 W. Mt. Royal Ave

20. FILED MAY 1 1937 Registrar.

R 29 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19 , to April 28, 1937.

I last saw her alive on April 28, 1937. Death is said to have occurred on the date stated above, at 2-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cardio vascular disease	2
Other contributory causes of importance: Cerebral hemorrhage	6 hrs

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Cy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) W. H. Smith M. D.

(Address) 3429 Chestnut Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35012

82-a

15-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Piedmont Ave. St. ..... Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Abraham Stern

(a) Residence: No. 3312 Piedmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie T. Stern

6. DATE OF BIRTH (month, day, year) July 29, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Stern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Yette Diebach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. J. Stern,
(Address) 2800 Reisterstown Road.

18. BURIAL, CREMATION, REMOVAL
Place Heb. Friendship Cem. 4/30/ 1937

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED APR 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1937 to April 28, 1937

I last saw h[illegible] alive on April 28, 1937 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4/28/37

Other contributory causes of importance

Myocardial Insufficiency

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Legum, M. D.

(Address) 1261 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35013 ✓ F 35013 #22931

HEALTH DEPARTMENT—CITY OF BALTIMORE

SF

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis Sheeler

If U. S. Veteran specify WAR

(a) Residence: No. 609 S. Luzerne Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/16/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Sheeler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Duffy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date April 29 19 31

19. UNDERTAKER Margaret A. Flynn

(Address) 1422 Light St.

APR 29 1931 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1931 to 4-28, 1931

I last saw him alive on 4-28, 1931 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 mos.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kanes M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

M. D. B 1268-9

F 35014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35014

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emerson Hotel St. 10 1/2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. William Dawson

U. S. Veteran (specify WAR)

(a) Residence: No. 1217 E. Preston St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Dawson

6. DATE OF BIRTH (month, day, year) April 20-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pharmacist

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Fredericka Delaware

FATHER

13. NAME Dr. Ezekial Dawson

14. BIRTHPLACE (city or town) (State or country) Fredericka Delaware.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs. Minnie Dawson

(Address) 1217 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Barretts Chapel Delaware Date April 30 1937

19. UNDERTAKER Josiah Eyster

(Address) 1020 N. Gay St.

Huntington Station, N.Y.

Registrar

APR 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28. 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance:

Chr. Myocarditis

Was an operation performed? Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Elmer B. Dodson M. D.

Coroner

(Address) 1031 St Paul St

Information should be carefully supplied. Age should be stated in years, months and days if under one year. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35015

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35015

CERTIFICATE OF DEATH

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. Found floating in the water at Davison Chemical Co. Curtis Bay. Ward 5)

Registered No. 2137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: John T. Cartwright.

If U. S. Veteran, specify WAR

(a) Residence: No. ... Norfolk, Va. (Usual place of abode) St., ... Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ----------

6. DATE OF BIRTH (month, day, year): Do not know

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barge-hand.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina.

FATHER

13. NAME: Do not know.

14. BIRTHPLACE (city or town) (State or country): Do not know.

MOTHER

15. MAIDEN NAME: Do not know.

16. BIRTHPLACE (city or town) (State or country): Do noy know.

17. INFORMANT: Graham Funeral House.

(Address) Norfolk Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va. Date April 29 1937

19. UNDERTAKER: Horace H. Burgess

(Address) 3631 Gate Road

20. FILED APR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Found April 26.1937.

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following: Accident, suicide or homicide? Probably Accident. Date of injury Found 4-26-37

Where did injury occur? Found floating off Davison Chemical Co (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Missing March 23,1937

Manner of injury Disappeared from Barge

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

4/28/37 Address 1017 S. Charles St.

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35016

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S. Mount St., 19-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Mary Hersinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 108 S. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Jacob Hersinger

6. DATE OF BIRTH (month, day, year) Sept. 2, 1860.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Eastvorel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theodore Hersinger

(Address) 108 S. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date April 30, 19

19. UNDERTAKER Harry A. Tuttle

(Address) 4101 Thomson Ave.

20. FILED ..... 19..... Registrar.

APR 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1937, to 4/27, 1937

I last saw her alive on 4/27, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	1 day
Right Side Hemoplegia	6 days
Cerebral Hemorrage	
Other contributory causes of importance:	
Senility	2 yrs.
Chronic myocarditis &	18 yrs.
Hypertension	

Was operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Wales M. D.

(Address) 4 N. Fulton Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35017

CERTIFICATE OF DEATH

8-6 92-a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1710-N. Regester Street, 8 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Silberzahn

If U. S. Veteran specify WAR no

(a) Residence: No. 1710-N. Regester Street, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Silberzahn

6. DATE OF BIRTH (month, day, year) Feb. 14th, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	2	14	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Silberzahn
(Address) 1710-N. Regester Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 5/1/1937

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1738-Harford Ave.

20. FILED ..... 19..... Registrar.

R 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6-1922, 19..., to 4-28, 1937

I last saw her alive on 4-28, 1937 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	5/1922
Other contributory causes of importance:	
Myocardial Degeneration	4/27/37

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Clinical sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) [illegible] M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35018

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 E. Twenty-Sixth Street Ward) 10-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. McCully

If U. S. Veteran specify WAR

(a) Residence: No. 322 E. Twenty-Sixth Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Raley

6. DATE OF BIRTH (month, day, year) Nov. 22 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Clinton McCully

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Anna Spalding

16. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

17. INFORMANT Mr. Frank McCully

(Address) 307 E. Twenty-Fourth Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date April 30, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED

R 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1937

22. I, HEREBY CERTIFY, That I attended deceased from April 14, 1937 to April 27, 1937

I last saw him alive on April 27, 1937. Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Pressure	4-14-37
Temporary paralysis -	
Dilatation of heart -	
Other contributory causes of importance:	
Arterio Sclerosis +	
hypertension	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. T. Bouchelle, M. D.

(Address) 2404 ST. Paul ST.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35019 ✓ F 35019

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 8 S. Highland Ave St. 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Mackel

U. S. Veteran specify WAR .....

(a) Residence: No. 8 S. Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Jan 19 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Unknown Billman

16. BIRTHPLACE (city or town) (State or country) Unknown "

17. INFORMANT John Mackel

(Address) 8 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cemetery Date Apl. 30 1937

19. UNDERTAKER Andrew J. Jones Inc

(Address) 1st & K Broadway

Huntington Pittsburgh, Pa.

R 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy, mitral insufficiency	
Other contributory causes of importance: acute Cardiac dilatation	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright, M. D.

Coroner

(Address) 1010 S. Eutaw St

INFORMATION should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Cornelia Fletcher) ✓ E 35020

35020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 80 V Fayette St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia Fletcher

If U.S. Veteran specify WAR .....

(a) Residence: No. 80 V Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8 29 82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Fletcher

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Saunders

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Fulton

(Address) 80 V Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 5/2 37

19. UNDERTAKER William A Jackson

(Address) 916 Penna Ave

20. FILED Mar 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28/37

22. I HEREBY CERTIFY, That I attended deceased from 4/14/37 to 4/28/37

I last saw her alive on 4/27/37 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows: Chronic 4/14/37

	Duration	Date of onset
Paralysis Agitans		
Cachexia		

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee Hicks, M. D.

(Address) 524 Mosher

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 29 1937

35021 / F 35021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Thompson (22536)

If U. S. Veteran specify WAR

(a) Residence: No. 1041 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Reta

6. DATE OF BIRTH (month, day, year) Sept. 16, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Levi Thompson

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Susie Wesson

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/30 19 37

19. UNDERTAKER Wilson & Jackson
(Address) 910 E Pennsa Ave

20. FILED 19 Registrar

R 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937 to April 23, 1937

I last saw h... alive on April 23, 1937 Death is said to have occurred on the date stated above, at 9:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	March 1937
Tuberculous Pericarditis	One week

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ben H Feldman M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35022

F 35022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1750 Borsuch St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Augusta Olivia Bunch

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1750 Borsuch St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George T. Bunch Sr.

6. DATE OF BIRTH (month, day, year) Dec. 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wm. H. Walker

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Elvira Tolin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) George T. Bunch Sr. 1750 Borsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 1st 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

(Filed) APR 30 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1929 to 4-28-1937

I last saw her alive on 4-20-1937 Death is said to have occurred on the date stated above, at 7 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vasculo-renal disease	1929

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Oro B. Sybert M. D.

(Address) 2802 Harford Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35023

CERTIFICATE OF DEATH

✓ 46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 CARSWELL St., 9TH Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ANTIPAS FREEBORN WILLIAMS. If U. S. Veteran specify WAR No Record

(a) Residence: No. 1703 CARSWELL ST St., 9TH Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARGARET WILLIAMS

6. DATE OF BIRTH (month, day, year) JUNE 16TH 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COOPER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BARREL FACTORY.

10. Date deceased last worked at this occupation (month, year) APRIL 1931

11. Total time (years) spent in this occupation 58.

12. BIRTHPLACE (city or town) (State or country) SYRACUSE N.Y.

FATHER

13. NAME ANTIPAS WILLIAMS.

14. BIRTHPLACE (city or town) (State or country) SYRACUSE N.Y.

MOTHER

15. MAIDEN NAME MARY FALBY.

16. BIRTHPLACE (city or town) (State or country) SYRACUSE N.Y.

17. INFORMANT DOROTHY WARDER.
(Address) 1703 CARSWELL ST.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkewood Date 5/1/37. 19

19. UNDERTAKER Wm Cook & Paul Sons
(Address) 1217 St Paul St

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1937

22. I HEREBY CERTIFY, That I attended deceased from SEPT 5 1936 to APRIL 29 1937

I last saw h/M alive on APRIL 29 1937. Death is said to have occurred on the date stated above, at 2.10 A m.

The principal cause of death and related causes of importance were as follows:

Date of Death 4/25/37 2nd 29

CARCINOMA STOMACH.
ARTERIOSCLERISIS.

Other contributory causes of importance:

MYOCARDITIS.

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO. If A, specify .....

(Signed) James A Kavanagh M. D.
(Address) 3320 McElderry St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35024

M. D. H. 1268-9

F 35024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

27-16 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George C. Airscn

If U. S. Veteran specify WAR No Record

(a) Residence: No. 4642 Pimlico Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christenia Airscn

6. DATE OF BIRTH (month, day, year) July 9, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Foreman

10. Date deceased last worked at this occupation (month and year) Gas Co. 11. Total time (years) employed in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Airscn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Geo. Airscn

(Address) 4642 Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date May 3rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED MAY 3 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement OCCUPATION is very important. See instructions on back of certificate.

F 35025

F 35025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH: St Agnes Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton St., 16 Ward 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR: No Record

2. FULL NAME: Miss Margaret Mueller

(a) Residence: No. 606 Gratley St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of: Frederick G. Mueller

6. DATE OF BIRTH (month, day, year): May 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Patrick Nolan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Conway

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Anthony Mueller

(Address) 2717 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: May 3rd 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937 to April 29, 1937.

I last saw her alive on April 29, 1937. Death is said to have occurred on the date stated above, at 3 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerotic Cardiovascular disease	?
2. Chronic Arthritis.	?
Other contributory causes of importance: Decubitus Ulcer	4-10-37
Senile Vaginitis	"

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Lawrence J Shimanek, M. D.

(Address) St Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35026 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35026

CERTIFICATE OF DEATH CM 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Katie Perry

(a) Residence: No. 2003 W. Mulberry St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-2-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Oliver Perry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Ellen Houck

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Charles P.K. Ville Md. Date April 30 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED APR 30 1937 D. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-11 1929 to 4-28 1937

I last saw her alive on 4-28 1937 Death is said to have occurred on the date stated above, at 5-26 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	4 days
Other contributory causes of importance: Arteriosclerotic Heart Dis.	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rawnes M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

F 35027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35027

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2577 Edmondson Ave St. 20-2 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adelaide E. Blair

If U. S. Veteran specify WAR .....

(a) Residence: No. 2577 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John P. Blair

6. DATE OF BIRTH (month, day, year): Jan 2, 1870.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland.

FATHER

13. NAME: Theodore Hucht

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Imwold

16. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland.

17. INFORMANT: John P. Blair

(Address): 2577 Edmondson Ave,

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5 / 1 / 1937

19. UNDERTAKER: John J. Cowan & Son

(Address): # 901 Hollins St,

APR 30 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4 / 28 / 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1937 19 ..... to April 28, 1937 19 .....

I last saw her alive on April 23, 1937 Death is said to have occurred on the date stated above, at 2.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	8 Yrs
Cerebral Thromposis 1	Day

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state .....

(Signed) [signature] M. D.

(Address) 2757 E. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35028

HEALTH DEPARTMENT—CITY OF BALTIMORE #23057

CERTIFICATE OF DEATH

95-B F 35028 BF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 21-2 Ward 31)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Wood

If U. S. Veteran specify WAR

(a) Residence: No. 622 Archer St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie (d)

6. DATE OF BIRTH (month, day, year) 7/1/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	61	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 2 1937

19. UNDERTAKER Rayner Sanders
(Address) 1493 E. Preston St

20. [illegible] Registrar

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1937 to 4-28, 1937

I last saw him alive on 4-28, 1937 Death is said to have occurred on the date stated above, at 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Vascular disease	?
Other contributory causes of importance: Mesenteric Thrombosis?	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) M. Stooney M. D.

(Address) Balt. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35029

35029 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 22091 CM 35-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 16-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1924 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Jason

(a) Residence: No. 1104 Whatcoat St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-1-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Jason (D)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jennie Roberts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 5/1/37 Western Star

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Preston St

20. FILED [illegible] 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1937 to 4-28, 1937

I last saw h. alive on 4-28, 1937 Death is said to have occurred on the date stated above, at 4 07 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma Inguinale of vulva & rectum	3 yrs
Other contributory causes of importance: Ascites, anemia	1 yr

Was an operation performed? yes Date of 4-5-37

For what disease or injury? Lues

Name of operation Colostomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. A. Hoover, M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35030

35030 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH South Baltimore General Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Dora Jackson

(a) Residence: No. 613 W Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 19, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manicurist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Katherine Wistling
(Address) 613 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 30, 1937

19. UNDERTAKER F. A. Krause & Son
(Address) 1210 E Chase St.

20. FILED ..... 19 ..... Registrar

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1937, to 4-21, 1937

I last saw her alive on 4-27, 1937. Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vincent's Angina	2
Acute Gastro-enteritis	2

Other contributory causes of importance:

Secondary Anemia	2

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Krall, M. D.

(Address) South Balt. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35031

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 13-3 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Davis

(a) Residence: No. Harley Apt. 2329 Madison Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Jan 19 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mail carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Rubin C.

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME alice (Unknown)

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Mrs. Anna Davis

(Address) 2329 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date May 1 1937

19. UNDERTAKER Thomas E. Nelson

(Address) 1333 Pennsylvania Ave

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wounds left chest	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury April 27, 1937

Where did injury occur? Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Druid Hill Park —

Manner of injury Pistol shot (in a fit of despondency)

Nature of injury Wounds left chest

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. W. Wright, M. D.
Coroner

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 30 1937

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35032

CERTIFICATE OF DEATH

F 35032

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1561 Richland St St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Butler

If U. S. Veteran specify WAR

(a) Residence: No. 1561 Richland St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Butler

6. DATE OF BIRTH (month, day, year) Dec 29 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Lewis Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kate Thompson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Mamie Butler

(Address) 1561 Richland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5-1st 37

19. UNDERTAKER George T. A. Gibson

(Address) 1735 Druid Hill Ave

20. FILED 1937 Baltimore, Md

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-28-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Rideout M. D.
Coroner

(Address) Coroner

Information should be carefully supplied. AGE should be accurately stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 5 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35033 — CERTIFICATE OF DEATH — 82a F 35033

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George L. Neidhardt

(a) Residence: No. 153 N. Ellwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma L. Neidhardt

6. DATE OF BIRTH (month, day, year) April 11, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	—	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 0075

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Neidhardt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sophia Schreiner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma Neidhardt

(Address) 153 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lookout Cem. Date April 30 1937

19. UNDERTAKER John Collins & Bro. Collins

(Address)

APR 30 1937 Huntington Williams Agt

V 8 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/ , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Other contributory causes of importance: Cerebral Apoplexy	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35034 — CERTIFICATE OF DEATH 936 — F 35034

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5508 Belle Vista Ave St., 27-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Burnett

(a) Residence: No. 5508 Belle Vista Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Julia K. Burnett

6. DATE OF BIRTH (month, day, year) May 27, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard 0056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Reserves.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Silas J. Burnett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lukeman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Julia K. Burnett

(Address) 5508 Belle Vista Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Mem. Park Date May 1 1937

19. UNDERTAKER John Wilmot

(Address) 2108 Pikesville

(Filed) APR 30 1937 Washington F. Maguire

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schenby, M. D.
Coroner

(Address) 1918 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement as to OCCUPATION is very important. See instructions on back of certificate.

V 56

F 22605 58

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35035

CERTIFICATE OF DEATH

94a

F 35035

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 8-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W. Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 1624 N. Port St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline

6. DATE OF BIRTH (month, day, year) 12-7-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob (Dead)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wolfe (Dead)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 8, 1937

19. UNDERTAKER John Gilbert

(Address) Reed and Pitts

20. DATE FILED APR 8 1937 H. Simpson Pittman, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1937 to 4-26, 1937

I last saw h/ M alive on 4-26, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Past year
Other contributory causes of importance: Angina Pectoris	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Simpson Pittman, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

P 3-31-1937

V8 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35036 121 F 35036

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward 5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Margaret Ruehl

(a) Residence: No. 2610 Cole St St., Baltimore Ward 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Sept 12 1902

7. AGE: Years 34 | Months 7 | Days 17 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book Binder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Sales Book Co

10. Date deceased last worked at this occupation (month and year): 2 | 11. Total time (years) spent in this occupation: 0064

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Joseph H. Ruehl

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Louisa Barth

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Louisa Ruehl (Address) 11 W. West St

18. BURIAL, CREMATION, OR REMOVAL: Place New Baltimore Date May 1 1937

19. UNDERTAKER: A. F. Supplee Sons (Address) 1422-24 Linden Ave

Huntington Pike Baltimore Md

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/29/1937

22. I HEREBY CERTIFY, That I attended deceased from 4/19 1936 to 4/29 1937

I last saw her alive on 4/29 1937 Death is said to have occurred on the date stated above, at 6.54 p.m.

The principal cause of death and related causes of importance were as follows:

(a) Pneumonia Bronchitis — Date of onset 4/21/37

(b) Lobular Pneumonitis

Other contributory causes of importance: Toxemia — 4/21/37

Was an operation performed? Yes Date of 4/22/37

For what disease or injury? Chronic Appendicitis

Name of operation Appendectomy by Dr William Simpson

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of Injury ...19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D M Dixon M.D. M. D.

(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35037 — CERTIFICATE OF DEATH — 82a F 35037

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 W. Hamburg St. 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Wm. Muller

(a) Residence: No. 127 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 24, 1871

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John G. Muller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Wertz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catharine M. Muller
(Address) 121 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 1, 1937

19. UNDERTAKER A. Bowers & Sons
(Address) Mount & Charles Sts

20. Filed APR 30 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937 to April 28, 1937

I last saw him alive on April 25, 1937 Death is said to have occurred on the date stated above, at 10.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	17 days
Other contributory causes of importance: Hemiplegia	17 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Wheeler M. D.

(Address) 1229 Fillmore St

State CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 35038 ✓ F 35038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Edgewood St 20-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Ann Schneider

(a) Residence: No. 514 Edgewood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Schneider

6. DATE OF BIRTH (month, day, year) Dec 27 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Schurr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Sullivan

16. BIRTHPLACE (city or town) (State or country) Prelan Ireland

17. INFORMANT (Address) Mrs Helen S Mulkey 514 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 5/1 37

19. UNDERTAKER (Address) George A Furey Fulton & Fayette

19 ..... Registrar.

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936, to April 28, 1937

I last saw h.r alive on April 28, 1937 Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1924
Hypostatic Pneumonia	Mch, 1937
Pulmonary Edema	April 7, 1937

Other contributory causes of importance: Decubitus ulcer back — Feb 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert J Shochat, M. D.

(Address) 230 Edmondson Ave

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

F 35039

35039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

948

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1717 Cole St. 19-4 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Campbell

If U. S. Veteran specify WAR .....

(a) Residence: No. 1717 Cole St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Campbell

6. DATE OF BIRTH (month, day, year) March 4 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Thos. Riley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hunt

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs John Campbell
(Address) 1720 W Fombank

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 5/1/37 19

19. UNDERTAKER Lynch & Taylor
(Address) Fulton & Fayette

FILED APR 29 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 37

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to April 27 1937

I last saw her alive on April 27 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4/27
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore E. Stacy M. D.

(Address) 3803 Edmondson Ave

State CAUSE OF DEATH in plain terms. DEATHS FROM VIOLENCE must state MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35040 — CERTIFICATE OF DEATH — 92a F 35040

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Fairview St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

2. FULL NAME Henry M. Frank

(a) Residence: No. 2610 Fairview St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence M. Frank

6. DATE OF BIRTH (month, day, year) June 1 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 0042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lizitta

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence M. Frank
(Address) 2610 Fairview St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date 4/30/37

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Orleans St

FILED APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30 1937 to April 27 1937.

I last saw him alive on April 27 1937. Death is said to have occurred on the date stated above, at 3 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease — Date of onset 2/20

Other contributory causes of importance: Arteriosclerosis Blood Pressure — 1/1/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Glaser, M. D.

(Address) 4007 Fairview Ave

Place CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35041

CERTIFICATE OF DEATH

207 M F 35041

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 9-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward W. Cole

(a) Residence: No. 1714 E. 32 St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. Cole

6. DATE OF BIRTH (month, day, year) Feb. 10, 1875

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	62	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor B.&O.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Salto, Md. (State or country)

FATHER

13. NAME Cole

14. BIRTHPLACE (city or town) Not Known (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known (State or country)

17. INFORMANT Emma V. Cole

(Address) 1714 E. 32 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Mem. Park Date May 1/37 19

19. UNDERTAKER Philip Henry Lowe

(Address) 2810 Eastern Ave

1937 Huntington Pl. Chapel, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Lacerations & Fractures	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4-28-37, 19...

Where did injury occur? Jackson Bridge & Wash Blvd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by Locomotive

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. R. Creelman Coroner M. D.

(Address) 2757 W. Pratt

See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35042

CERTIFICATE OF DEATH

E 35042

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME William Hildwein

If U. S. Veteran specify WAR [illegible]

(a) Residence: No. 1818 N. Duncan st St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Hildwein

6. DATE OF BIRTH (month, day, year) Nov. 28 - 1890

7. AGE	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
	46	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Hildwein

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Bertha Miller

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Rebecca Hildwein
(Address) 1818 N. Duncan st

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date May 1 19 37

19. UNDERTAKER Philip Herwig Sons
(Address) 2616 Eutaw st

[illegible] 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombus	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of [illegible]

For what disease or injury? [illegible]

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible] 19[illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? [illegible]
If so, specify [illegible]

(Signed) Paul Schreiber M. D.
Coroner

(Address) 1918 E. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

R 30

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35043

35043

CERTIFICATE OF DEATH

115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Edythe St. 5-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gladys Berry

(a) Residence: No. 1236 Edythe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lewis B. Berry

6. DATE OF BIRTH (month, day, year) 9-23-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Phillip Nicholson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hester Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lewis Berry (Address) 1236 Edythe St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date 5-1-37

19. UNDERTAKER Byron & Manion Wright (Address) 2111 N. Eutaw St.

Registered

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1937, to 4/27, 1937

I last saw her alive on 4/27, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of lower jaw (dental caries)	4/10/37
Angina (acute)	4/24/37
Hemorrhagic Nephritis (acute)	4/24/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Wagner Browne M. D.

(Address) 1500 E. Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 35044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35044

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1401 Ramsay St., 19-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Booth

(a) Residence: No. 1401 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward L. Booth

6. DATE OF BIRTH (month, day, year) May 1st 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward L. Landers

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Margaret Smith

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Edward L. Booth

(Address) 1401 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date May 1st, 1937

19. UNDERTAKER George L. Lahmer

(Address) 7101 Frederick Ave

APR 30 1937 Huntington Village, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937, to April 28, 1937

I last saw her alive on 4/28, 1937 Death is said to have occurred on the date stated above, at 2 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (active)	3 mos ago
Other **contributory causes** of importance: acute cardiac dilatation	1 day ago

Name of operation none Date of

What test confirmed diagnosis Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Item 8 OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35045

35045

CERTIFICATE OF DEATH

46-F

Registered No. 1655

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Hubert A. Foxwell

(a) Residence: No. 1220 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruby E. Foxwell

6. DATE OF BIRTH (month, day, year) July 27-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42-	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rep. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Charles E. Foxwell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Tyler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ruby E. Foxwell
(Address) 1220 N. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL. Place Cambridge Md. Date May 2-37

19. UNDERTAKER F. B. Hippert & Son
(Address) 1300 Eutaw Place

APR 30 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-27-36, 19... to 4-29-, 1937

I last saw h... alive on 4-29-, 1937 Death is said to have occurred on the date stated above, at 8:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas & liver	
Other contributory causes of importance	
Hepatitis.	

Was an operation performed? yes Date of 12-28-36

For what disease or injury? Clavicle amputation

Name of operation Clavicle amputation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Md. General Hospital

Filed ..., 19...

OCCUPATION is very important. See instructions on back of certificate.

VS 3

35046 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35046

CERTIFICATE OF DEATH 19846--CM 46-D

Registered No.....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 20-3 Ward)

Length of residence in city or town where death occurred 1928 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie Murray

(a) Residence: No. 1924 Frederick Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John (D)

6. DATE OF BIRTH (month, day, year) 1-29-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	66	14	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George Redding

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Liza Flora

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Cem. Date 5/1 1937

19. UNDERTAKER Young Byers
(Address) 3[illegible] N. Stratford Ave

20. FILED ..... 19..... [illegible] Registrar

APR 30 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1937

22. I HEREBY CERTIFY That I attended deceased from 12-29 1936 to 4-28 1937

I last saw h[illegible] alive on 4-28 1937 Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma rectum	1 yr
Other contributory causes of importance: Exhaustion	3 mos

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. McHorney M. D.

(Address) Balt. City Hosp.

35047 ✓ E 35047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 810 Edmondson Ave (Ward) 17-3

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willie James Parrett

(a) Residence: No. 810 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Dairy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville Co Va.

FATHER

13. NAME Willie Thos Parrett

14. BIRTHPLACE (city or town) (State or country) Greenville Co Va

MOTHER

15. MAIDEN NAME Mary Lee Carpenter

16. BIRTHPLACE (city or town) (State or country) Greenville Co Va

17. INFORMANT Ethel Gilliam (Sister)
(Address) 256 N. Edmondson

18. BURIAL, CREMATION, OR REMOVAL
Place Emporium, Va Date May 1, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ... Registrar.

MAY 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23 1937 to April 28 1937

I last saw him alive on April 28 1937 Death is said to have occurred on the date stated above, at 9.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 Days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. B. Lusk. M. D.

(Address) 810 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

35048 F 35048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 8 Locust Point. St. 1-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Reginald A. Montgomery.

(a) Residence: No. 525 S. Chester St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (or) XXXXXXXXXX Mary Montgomery

6. DATE OF BIRTH (month, day, year) March 13,1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman S/S

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. San Bernadino.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland, Me.

FATHER

13. NAME John A. Montgomery.

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Hannah J. Feeney.

16. BIRTHPLACE (city or town) (State or country) Maine.

17. INFORMANT Mary Montgomery.(wife)

(Address) 525 S. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Apr. 30 19 37

19. UNDERTAKER Fred W Bazenet

(Address) 1930 E Baltimore

19 ..... Registrar

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Drowned April 7,1937 Found April 28,1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probavly accidental.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm H Hartman M. D.
Coroner

4/30/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms. Do not state that it is due to OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35049

CERTIFICATE OF DEATH

F 35049

Registered No. 210-M

1. PLACE OF DEATH St Joseph Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 15-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Berlick

If U. S. Veteran specify WAR

(a) Residence: No. 310 Garrison Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Berlick

6. DATE OF BIRTH (month, day, year) March 3-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles F Berlick

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Heathcote

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Laura Berlick
(Address) 310 Garrison Blvd

18. BURIAL, CREMATION OR REMOVAL
Place Cathedral Date May 1- 1937

19. UNDERTAKER Eklund Thumm & Sons
(Address) 1113 Homestead St

Baltimore, Md

Registrar

R 30 1937

V 86

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-27-

For what disease or injury? Fracture

Name of operation Trephining Date of 4-27

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-27 1937

Where did injury occur? North Ave & Kennedy
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto while

Nature of injury Waiting for street car

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

State whether DISEASE or INJURY in part. See instructions on back of certificate. OCCUPATION is very important.

F 35050

35050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. Bond St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Pszybylski (PSZYBYLSKI) ☐ U.S. Veteran (Specify WAR .....)

(a) Residence: No. 426 E. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michalina Pszybylski

6. DATE OF BIRTH (month, day, year) May 26-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Ignacy Pszybylski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rosalia Mnazynska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michalina Pszybylski

(Address) 426 E. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 5/6/37

19. UNDERTAKER William J. Jaworsky

(Address) 1618 Eastern Ave

20. FILED APR 30 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 4/28, 19

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1936 to present time, 1937

I last saw h[illegible] alive on April 24, 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis with myocarditis.	[illegible]
	04/37
Other contributory causes of importance: Encephelomalacia	12/20/36

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Michael J. Wiejonka M. D.

(Address) 526 E. Bond St.

OCCUPATION is very important. See instructions on back of certificate.

F 35051

35051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Lehky

If U. S. Veteran specify WAR

(a) Residence: No. 720 N. Milton ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Lehky

6. DATE OF BIRTH (month, day, year) Jan 7, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Stalka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna Kresena

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Lehky

(Address) 720 N Milton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 3 1931

19. UNDERTAKER Frank Gorsch Son

(Address) 1906 Eastland ave

20. FILED [illegible] 1931

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937 to April 29, 1937

I last saw her alive on April 29, 1937 Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-26-37
Hypertension	
Other contributory causes of importance (Duc)	
Terminal Pneumonia	2 da

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank S. Stalka M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

35052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35052

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Cepek

(a) Residence: No. 2536 Ashland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of James Cepek

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Victor Kutalek

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna Hlavek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Vorinec

(Address) 2536 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 1 1937

19. UNDERTAKER Frank Coach & Son

(Address) 1906 Eastland ave

20a. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Rheuben, M. D. Coroner

(Address) 1918 E. North Ave.

See instructions on back of certificate. OCCUPATION is very important.

V S 6

F 35053

35053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4701 Frederick Ave. St. 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry M. Hammer

If U. S. Veteran specify WAR .....

(a) Residence: No. 4701 Frederick Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Hammer

6. DATE OF BIRTH (month, day, year) Nov. 6, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired (c.30)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary Engineer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter G. Hammer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Ann Chew

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Minnie Hammer
(Address) 4701 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May. 1, 19 37

19. UNDERTAKER John J. Henry
(Address) 715 Light St

20. FILED [illegible] Registrar.

R 26 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 4/1/37 to 4/28/37

I last saw him alive on 4/28/37 Death is said to have occurred on the date stated above, at 4.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration
General Arteriosclerosis	?
Other contributory causes of importance: Coronary embolus	4 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Damian P. Alagna M. D.

(Address) 33 No Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

35054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35054

27-S 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3719 Northern Pkwy. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ellen Bennion

(a) Residence: No. 3719 Northern Pkwy. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 19, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Athome

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City, Md.

FATHER

13. NAME Thomas Bennion

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ellen Davis

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Mary A. Lawrence 3719 Northern Pkwy.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 3 1937

19. UNDERTAKER Leidh, Lanahan & Co.
(Address) 743 Reisterstown Rd.

APR 30 1937 Huntington, Baltimore, Md.

(LLK)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937 to April 29, 1937

I last saw HER alive on April 28, 1937. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 26-37
Other contributory causes of importance:	
Nephritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James F Kavanagh M. D.

(Address) 3328 Mc Elderry St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35055

CERTIFICATE OF DEATH

√23 F 35055

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Nelson

If U. S. Veteran specify WAR

(a) Residence No. 1322 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Nelson

6. DATE OF BIRTH (month, day, year) May ?, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	11	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) S. C.
(State or country)

FATHER

13. NAME Edmond Nelson

14. BIRTHPLACE (city or town) S. C.
(State or country)

MOTHER

15. MAIDEN NAME Eliza Anderson

16. BIRTHPLACE (city or town) S. C.
(State or country)

17. INFORMANT wife
(Address) 1322 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place PEMIN, S. C. Date 5/1 37

19. UNDERTAKER Williams & Jackson
(Address)

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-20- 1937 to 4-29- 1937

I last saw him alive on 4-29- 1937 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	
Pulmonary tuberculosis	4-18
Tuberculous meningitis	4-18

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Howard Lutzke M. D.

(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

35056

HEALTH DEPARTMENT—CITY OF BALTIMORE

#23112

35056F

CERTIFICATE OF DEATH

34-95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Solomon Wright

(a) Residence: No. 861½ W. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1/15/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	50	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) District of Columbia

FATHER

13. NAME Jim (c)

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Nancy Hall

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 4 1937

19. UNDERTAKER Adolphus Hartman
(Address) 1 E Baltimore St

Filed

APR 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937, to April 30, 1937

I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	Unknown
Myocardial failure	Jan 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. de Lotbiniere M.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

35057

F 35057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S Robinson St., 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5a yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hezekiah

If U. S. Veteran specify WAR .....

(a) Residence: No. 510 S Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary [redacted]

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Hezekiah

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mary [illegible]
(Address) 510 S Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 5/3 1937

19. UNDERTAKER John Rudolph
(Address) 2511 Hudson St

20. FILED [illegible]

OCCUPATION is very important. See instructions on back of certificate.

V S 3

JJ 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 ... to June 29 1937

I last saw him alive on June 29 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Valvular Heart Trouble	12/1/36
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased

(Signed) William J. Rybacki M.D.

(Address) 804 Eastwood Ave

M. D. B 1268-9

35058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35058

186-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Woman's Hospital

CITY OF BALTIMORE: (No. Lafayette ave. & John St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary S. Owen

(a) Residence: No. 1513 Park ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 14, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George F. Owen

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret R. Alex

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E. K. Owen

(Address) 531 St. Georges ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 1 1937

19. UNDERTAKER E. Leroy Stiller, Inc.

(Address) 125 E. Mount Ave. Baltimore, Md.

APR 30 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	

Other contributory causes of importance:

Bronchial Pneumonia.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident, Date of injury 4/23 1937

Where did injury occur? 1513 Park Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On Street

Manner of injury Slipped and fell in front of her residence

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased

If so, specify .....

(Signed) Harry Carson M.

Coroner

(Address) 1215 Hanover

35059 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 35059

CERTIFICATE OF DEATH × ✓ 158

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp St 4 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl C Tweedale

If U. S. Veteran specify WAR

(a) Residence: No. no number Englewood Ave St., Catonsville Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 10 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Carl C Tweedale

14. BIRTHPLACE (city or town) (State or country) Parma

MOTHER

15. MAIDEN NAME Marie A Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Mrs Marie A Tweedale

(Address) Englewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date MAY 1 1937

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

R 30 1937 Huntington Filbert, Md

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/27/37, 19..., to 4/29/37, 19...

I last saw h. alive on 4/29/37 19... Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Other contributory causes of importance:	
	unk

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Johns Hopkins Hospital, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

35060 E 35060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Augusta St., Baltimore City Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Bertha Fischer

If U. S. Veteran specify WAR

(a) Residence: No. 2533 Augusta St., Ward Baltimore City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced Husband of (or) Wife of: Wife of Frederick Fischer.

6. DATE OF BIRTH (month, day, year): May 5, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83.	11	2524	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Ernestina Hodson

(Address) 101 Canby Hill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 5/3/37. 19

19. UNDERTAKER: Ted H. Little

(Address) 7700 Edmondson Ave

MAY 30 1937

Catonsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/29. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937, to April 29, 1937.

I last saw her alive on April 29, 1937. Death is said to have occurred on the date stated above, at 11 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Cardio vascular failure	7 Weeks

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None. Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) James L. Wentz. M. D.

(Address) 5214 Harford Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 35061

35061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH Pronounced dead
CITY OF BALTIMORE: (No. at City Hospital St. 3-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John G. Keenan

(a) Residence No. 808 Stiles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Mary Keenan

6. DATE OF BIRTH (month, day, year): July 10 - 1870

7. AGE: Years 66 | Months 9 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Retired Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brooklyn, N. Y.

FATHER
13. NAME: Peter Keenan
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Mary A. Brown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Rosemary Morris Herlington D.C.

18. BURIAL, CREMATION, OR REMOVAL. Place: Cathedral Cem. Date: May 1 19 37

19. UNDERTAKER (Address): Chas. F. Grant & Son 18 W. Preston St.

20. FILED 19 Registrar
APR 30 1937 Huntington Terrace, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27 - 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

Chronic myocarditis

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. W. Wright Coroner M. D.

(Address) 1010 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

35062 ✓ F 35062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No.
CITY OF BALTIMORE: (No. 6 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bartholomew G. Sharkey If U. S. Veteran specify WAR World War

(a) Residence: No. 6 N. Chapel St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Maisch

6. DATE OF BIRTH (month, day, year): Jan. 5, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Street Cleaning
10. Date deceased last worked at this occupation (month and year): 2-12-37
11. Total time (years) spent in this occupation: --

12. BIRTHPLACE (city or town) (State or country): Montclair, N. New Jersey

FATHER
13. NAME: John Sharkey
14. BIRTHPLACE (city or town) (State or country): ? Ireland

MOTHER
15. MAIDEN NAME: Elizabeth Brassill
16. BIRTHPLACE (city or town) (State or country): Chicago, Ill.

17. INFORMANT (Address): Records- U. S. Marine Hospital, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL. Place: Chicago Ill Date: April 29 1937

19. UNDERTAKER (Address): Robert Brooks & Son Calhoun & Hollins sts

20. FILED 19 Registrar.

APR 30 1937

4 W

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to April 28, 1937
I last saw h... alive on April 28, 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, glomerular	unknown
Cardiac hypertrophy & dilatation	"
Abscess, left buttock,	4-27-37
Other contributory causes of importance: Anemia, secondary to nephritis	unknown

Was an operation performed? Yes Date of 4-28-37
For what disease or injury? Abscess, left buttock
Name of operation Incision and drainage
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I. M. Anderson M. D.
(Address) U. S. Marine Hospital, Balto. Md.

F 35063

35063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 N. Bond Street. St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Thompson

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1428 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Thompson

6. DATE OF BIRTH (month, day, year) April 1, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leitz & Son

10. Date deceased last worked at this occupation (month and year) Feb. 1937

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Annie Thompson
(Address) 1428 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 3 1937

19. UNDERTAKER Wilhelm & Feldmann
(Address) 1212 E. Lowe

20. FILED MAY 1 1937 Thomas J. Feldmann, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937. to April 30, 1937.

I last saw him alive on April 29. 1937. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1935?
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B. Wolfe, M. D.

(Address) 1331 E. North Ave

French. ✓ E 35064

35064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndhaven Hospital St., 1-5-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. French

If U. S. Veteran specify WAR No Record

(a) Residence: No. 22 S. Patterson Park Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fabius French

6. DATE OF BIRTH (month, day, year) Feb 22, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53 yrs.	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jerome O'Leary

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Celesta Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Estelle O'Leary
(Address) Portland Maine

18. BURIAL, CREMATION, OR REMOVAL
Place Union York Date 5-3 1937

19. UNDERTAKER Wilson York & Co
(Address) 1217 E Fort Ave

20. FILED ..... Registrar.

5-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937 to Apr. 29, 1937

I last saw her alive on April 29, 1937 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Simple Encephalitis	4/18/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Sidney Selman M. D.

(Address) Lyndhaven Hospital

OCCUPATION is very important. See instructions on back of certificate.

35065

HEALTH DEPARTMENT—CITY OF BALTIMORE

35065

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Dukeland St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 3 mos. 2 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia B Marchant If U.S. Veteran specify WAR No Record

(a) Residence: No. 2127 Dukeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Jan 26 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John W. Marchant

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Dessie McClure

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT John W. Marchant
(Address) 2127 Dukeland

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 5/1/37

19. UNDERTAKER Williams Cook
(Address) 317 St Paul

1-1937 Huntington Pittsburgh Penna.

MEDICAL CERTIFICATE OF DEATH

10-30 PM

21. DATE OF DEATH (month, day, year) Apr 28 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1935 to April 27 1937

I last saw her alive on April 27 1937 Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angioma of brain - left hemisphere	Oct. 11, 1935
	now
Other contributory causes of importance: Recurrence - sub arachnoid hemorrhage	Oct 11 1935

Was an operation performed? no Date of Jan 1937

For what disease or injury?

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles Bagley BAGLEY M. D.

(Address) Cator & G.

35066 F 35066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals 8-7 Ward) Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 26 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Vet. specify W.A. No Record

2. FULL NAME Lula E. McCabe
(a) Residence: No. 1525 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. Color or Race white
5. Single, Married, Widowed, or Divorced (Write the word) married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A.
6. DATE OF BIRTH (month, day, year) May 20 1882
7. AGE — Years 54 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER
13. NAME Richard Lindsay
14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER
15. MAIDEN NAME (Unknown) Tyrel
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James McCabe
(Address) 1525 N. Washington St.
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 5-3 1937
19. UNDERTAKER Wilbur Cook
(Address) 1219 St Paul St
20. FILED Thurston Filed [illegible] 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to her death on the day stated above.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: acute dilatation (cardiac)	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Wright Coroner, M. D.
(Address) 1010 S. Edmondson Ave.

1837

V S 6

35067

✓ F 35067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412-N. Rose Street St., 6-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Greenberg

If U. S. Veteran specify WAR No

(a) Residence: No. 412-N. Rose Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Greenberg

6. DATE OF BIRTH (month, day, year) Nov. 25, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or XXXXXX
74	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Loeb Jones

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Esther Karlsberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Sol Jones
(Address) 412-N. Rose Street

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Freindship 5/2/37 19
J. Ahrens & Co.

19. UNDERTAKER J. Ahrens & Co.
(Address) 2122-Reistertown Rd.

20. ... 19 ... Registrar.

1-1937 Hamilton Post Office, Md.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30/37 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry found that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of left eye	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Rhamber , M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35068 — CERTIFICATE OF DEATH — 70a F 35068

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joan Elizabeth Schroeder

(a) Residence: No. 980 Franklintown Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 7, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Walter H. Schroeder

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Evelyn Abbott

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Evelyn Schroeder
(Address) 980 Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date May 3, 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhage Throat	
Nose	
Probably a Purpura	

Other contributory causes of importance: Etiology Unknown

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

35069 ✓ F 35069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Kenwood Avenue St., 1-E Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary R. Smith

(a) Residence: No. 512 S. Kenwood Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Smith

6. DATE OF BIRTH (month, day, year) Feb. 2, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Appel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Schaefer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Frederick R. Smith
(Address) 3122 Kenyon Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 3, 37

19. UNDERTAKER Henry Sander & Son, Inc.
Baltimore St. & Broadway

20. FILED [illegible] 5-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1933, to April 30, 1937
I last saw her alive on April 30, 1937. Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Eugene Zeller M. D.

(Address) 2739 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 35070

35070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22985 JS

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-10 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 53 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia Meisenhalder

(a) Residence: No. 240 S. East St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Meisenhalder

6. DATE OF BIRTH (month, day, year) 12-24-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Mittag

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ernestine Witt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date May 2. 1937

19. UNDERTAKER HENRY SANDER & SONS. INC.
(Address) Baltimore & Broadway.

20. FILED 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 30, 1937.

I last saw her alive on April 30, 1937. Death is said to have occurred on the date stated above, at 7 30 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4-23-37

Other contributory causes of importance:

Cerebral hemorrhage — 4-22-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hans Lautzle M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

F 35071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 35071

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Regina F. Curran

If U. S. Veteran specify WAR .....

(a) Residence: No. 2516 Strathmore Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 15, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk S&O.K.K. W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James J. Curran

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Susan Burnes

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary Curran

(Address) 2516 Strathmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calv. Date May 3- 1937

19. UNDERTAKER John A. Mahan

(Address) 3000 E. Balto. St.

20. FILED MAY 1 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	
Tuberculosis of Lungs	
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 28, 1937

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of April 28

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 2237 [illegible]

OCCUPATION is very important. See instructions on back of this certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

35072

CERTIFICATE OF DEATH

X 45-F 35072

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A Kelly Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Alexander Palmer

(a) Residence: No. 118 Lewis St, Stanton St., Ward. Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Cameron

6. DATE OF BIRTH (month, day, year) March 4 - 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clothing

10. Date deceased last worked at this occupation (month and year) over 10 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arbor Hill, Va

FATHER

13. NAME Charles T. Palmer

14. BIRTHPLACE (city or town) (State or country) Port Republic Va

MOTHER

15. MAIDEN NAME Isabelle McComb

16. BIRTHPLACE (city or town) (State or country) Stuarts Draft Va

17. INFORMANT Stacey Palmer

(Address) 118 Lewis St Stanton, Va

18. BURIAL, CREMATION, OR REMOVAL

Place Stanton Va Date May 2, 1937

19. UNDERTAKER John Churchill Sons

(Address) 1500 Eutaw Place Huntington Ave

20. FILED Registrar.

MAY 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1936, to April 30, 1937

I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 1:58 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of floor of mouth	
Uremia	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Kelly, M. D.

(Address) 1418 Eutaw Place.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35073

CERTIFICATE OF DEATH

F 35073

Registered No. 93-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Ward) 1572

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Margaret M. Wells

(a) Residence: No. 2914 Hillsdale ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: James M Wells

6. DATE OF BIRTH (month, day, year): March 13 1864

7. AGE: Years: 73 | Months: 1 | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Adam Clark Md

MOTHER

13. NAME: Barbara Shoemaker

14. BIRTHPLACE (city or town) (State or country): Md

FATHER

15. MAIDEN NAME: Arthur Wells

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Arthur Wells son 2914 Hillsdale ave.

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date May 3, 1937

19. UNDERTAKER (Address): Harry H Wilson 1101 Edmondson ave

20. FILED: May 1 - 1937 Clayton Fellows, Registrar

VS 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 1040 pm

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Carver Coroner M. D.

(Address) 1210 Hanover

35074

HEALTH DEPARTMENT—CITY OF BALTIMORE

35074

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 Harlem ave St. 18-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie H. Cornish

If U.S. Veteran specify WAR .....

(a) Residence: No. 1208 Harlem ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: C.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thomas Cornish

6. DATE OF BIRTH (month, day, year): Feb. 12, 1879

7. AGE: Years: 58 | Months: 2 | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md

FATHER

13. NAME: James Hawkins

14. BIRTHPLACE (city or town) (State or country): Balto Co Md.

MOTHER

15. MAIDEN NAME: Margaret Winder

16. BIRTHPLACE (city or town) (State or country): Balto Co Md.

17. INFORMANT: Thomas Cornish

(Address) 1208 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Zion Cem Balto Co. Date: 5/2/ 1937

19. UNDERTAKER: Frances A. Hemsley

(Address) 57 E. Biddle St.

20. FILED: 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26 1937 to April 29 1937

I last saw h[illegible] alive on April 26 1937 Death is said to have occurred on the date stated above, at 12.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhage	1937 4/26
Other contributory causes of importance: Hypertension	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, [illegible]

(Signed) H. C. Taylor M. D.

(Address) 753 Lang[illegible]

35075 F 35075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Dolphin St., 11-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Harris

If U.S. Veteran specify WAR

(a) Residence: No. 1526 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Harris

6. DATE OF BIRTH (month, day, year) 2/4/870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Harris (Address) 1526 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cem Date 5/31/37

19. UNDERTAKER Francis J. Hemsley (Address) 578 W. Biddle St

FILED 1-1937 Huntington Publishing Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/37

22. I HEREBY CERTIFY, That I attended deceased from 4/8/37, 19, to 4/29/37, 19

I last saw him alive on 4/28/37, 19 Death is said to have occurred on the date stated above, at 9:34 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis 4/29/37

Date of onset

Other contributory causes of importance:

Arteriosclerosis Rheumatism

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Hill, M. D.

(Address) Sykesville, Md.

35076 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35076

CERTIFICATE OF DEATH 22803 --JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 18-195B Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William Green

(a) Residence: No. 837 W. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Howard

6. DATE OF BIRTH (month, day, year) 7-4-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Allen

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Priscilla ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem. Date 6 1 37

19. UNDERTAKER Chas. [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar

OCCUPATION IS VERY Important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1937, to 4-29, 1937.

I last saw him alive on 4-29, 1937. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-17-37
Gangrene Left Foot (Arteriosclerotic)	?
Arteriosclerotic Heart Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Dr. C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Brantigan M. D.

(Address) Baltimore City Hosp.

1-1937

E 35077

35077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638-Abbottston St. St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR no

2. FULL NAME John T. Chle

(a) Residence: No. 1638-Abbottston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. (Doud)

6. DATE OF BIRTH (month, day, year) 9/29/1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
64	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Sergt.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Herman Chle

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Blakeley)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Margaret Chle

(Address) 1638-Abbottston Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/2/37 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. FILED

MAY 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1937 to April 30, 1937

I last saw h. alive on April 30, 1937 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	Feb 17 1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Biopsy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Chas E. Edwards M. D.

(Address) 3746 Edmondson Ave

OCCUPATION IS THE important.

H

8499 E 35078

35078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy B. Bobby Brooks

If U. S. Veteran specify WAR

(a) Residence: No. Siloss City Star Route St., Ward. N Car.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-2-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Charles Brooks

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Jessie Branch

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Brush Creek, N.C. Date May 1 37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 20 E. Eutaw St.

20. FILED 19 Registrar

MAY 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937, to April 30, 1937

I last saw her alive on April 30, 1937 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - malignant	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-30-37

For what disease or injury? Brain Tumor

Name of operation Cerebellar Exploration

What test confirmed diagnosis? Operative Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James Monroe Mason II, M. D.

(Address) Johns Hopkins Hospital

35079 F 35079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hosp. St., 1-5 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leo Krukowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 425 S. Chester St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 27, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Krukowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophie Dombrowska

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Joseph Krukowski

(Address) 425 S Chester St.

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart of Mary May 4 37

19. UNDERTAKER Fred W Cedzynski

(Address) 1930 Eastern Ave.

MAY 2 - 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1937 to 4-30, 1937

I last saw h.. alive on 4-30, 1937 Death is said to have occurred on the date stated above, at 10:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Superior mesenteric thrombosis	4½ hrs.
Other contributory causes of importance: Appendectomy	4-22-37

Was an operation performed? Yes Date of 4-30-37

For what disease or injury? Sup. mes. thrombosis

Name of operation Exploratory laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Boyd H. Spaces, M. D.

(Address) St. Joseph's Hosp.

E 35080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35080

CERTIFICATE OF DEATH 22959-CM 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Zglinicka

If U. S. Veteran specify WAR .....

(a) Residence: No. 3815 Elliott Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael (D)

6. DATE OF BIRTH (month, day, year) 2-2-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jos. Ciecierski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May. 3 1937

19. UNDERTAKER Fredk W. Ozarowski

(Address) 1930 East Balto. Ave

20. FILED ... 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1937 to 4-28 1937

I last saw h.. alive on 4-28 1937 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3 da. Ins

Other contributory causes of importance: Hypertensive Cardio-vascular Renal Dis. — 2mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospts

F 35081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35081

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4506 Elsrode Ave. St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa K. Brown

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2641 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Brown

6. DATE OF BIRTH (month, day, year) Sept 20, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Nicholaus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Leibenstine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert F. Brown
(Address) 2641 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 5/3.37 19

19. UNDERTAKER William Cook
(Address) 1217 St. Paul St.

20. FILED MAY 2 - 1937 Thomas E. Ferguson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 30, 1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 11 . 1937 to Apr 30 . 1937

I last saw her ER alive on April 30 . 1937. Death is said to have occurred on the date stated above, at 12:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	1934
Ch. Interstitial Nephritis	1937

Other contributory causes of importance:

Myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) James J. Farrayer 4 M. D.

(Address) 2325 N. Eutaw St.

F 35082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathaniel Lang — If U. S. Veteran specify WAR .....

(a) Residence: No. 1927 E Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 12/19/34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Eglo Lang

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Richetta White

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 5/3 1937

19. UNDERTAKER Rayner Sanders (Address) 1413 E. Preston St

20. FILED ..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20 1937 to Apr 30 1937

I last saw h[illegible] alive on Apr 30 1937 Death is said to have occurred on the date stated above, at 9a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	Jan 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X Ray Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Shwachman, M. D.

(Address) Johns Hopkins Hospital

Shwachman

M. D. R. 1268-2

F 35083

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35083

CERTIFICATE OF DEATH

Registered No. 49-D

1. PLACE OF DEATH Hannah A Kelly Hospital

CITY OF BALTIMORE: (No. 1418 Eutaw Place St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ida Meesse

(a) Residence: No. 1247 N. Broadway St. Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar 24-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry P Meesse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Kerentzell

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Katherine F. Meesse 1248 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL Place Balto Date 5/4/37

19. UNDERTAKER (Address) William Boyce 1217 E Fayette St

FILED MAY 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1936 to 5-1, 1937

I last saw h[illegible] alive on 5-1 1937. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pneumonia, left lower lobe	
Carcinoma of Esophagus with perforation into pericardial cavity	
Other contributory causes of importance:	
Carcinoma right breast with glandular involvement of axillary glands	

Name of operation None Date of

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nature of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Theodore Steiner Jr M. D.

(Address) 1418 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

35084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35084

CERTIFICATE OF DEATH

172-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Carroll

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1512 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3rd 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 0063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John L. Carroll

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Florence Zeller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Florence Carroll

(Address) 1512 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAY 2 - 1937 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20 1937 to May 1 1937

I last saw him alive on May 1 1937 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	5-1-37
Other contributory causes of importance: Bilateral Inguinal Hernia	?

Was an operation performed? Yes Date of 4-23-37

For what disease or injury? Bilateral Hernia

Name of operation Inguinal Herniorrhaphy

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. H. Isaacs M. D.

(Address) St Joseph's Hosp

35085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35085

CERTIFICATE OF DEATH

16-1 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 N. Monroe St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Eugene Clayton If U.S. Veteran specify War No Record

(a) Residence: No. 1105 N Monroe St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or ~~divorced~~ HUSBAND of ~~last~~ WIFE of: Alice

6. DATE OF BIRTH (month, day, year) Oct 21-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0086

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME John S Clayton

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

MOTHER

15. MAIDEN NAME Rachel C. Newsome

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Chas M. Clayton

(Address) 1105 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem Place Kent Co Md Date May 3rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ... 19 ... Registrar

MAY 2 - 1937

MEDICAL CERTIFICATE OF DEATH 12.35 AM

21. DATE OF DEATH (month, day, year) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1936 to April 30 1937

I last saw him alive on April 30 1937. Death is said to have occurred on the date stated above, at 12.35 A m.

The principal cause of death and related causes of importance were as follows:

Gastric Carcinoma

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Exploratory Date of 2/1/37

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leonard D Beach M. D.

(Address) 2229 St Paul St

F 35086

F 35086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 St Paul St. 12-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha E. Daniel

If U.S. Veteran specify WAR. No Record

(a) Residence: No. 2112 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stuart M.

6. DATE OF BIRTH (month, day, year) July 25 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 4/23/37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Jahnich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Trukenbrod

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Stuart Daniel

(Address) 3054 Ins Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL Carlton

Place London Pk. Date 5/3 1937

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

20. FILED ... 19... Register

MAY 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25 1937, to May 1 1937

I last saw her alive on April 25 1937. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	4/24/37
Other contributory causes of importance:	
Bronchio-pneumonia	4/25/37

Was an operation performed? ✓ Date of .....

For what disease or injury? ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Mitchell, M. D.

(Address) 2117 Maplewood

35087 F 35087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 16-2 — Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1515 Pennsylvania St. Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Manuel Kridel — If U. S. Veteran specify WAR

(a) Residence: No. 224 W. Arlington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Cream Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Father

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Philip Kridel
(Address) 224 W. Arlington

18. BURIAL, CREMATION, OR REMOVAL
Place Laudenberg N.C. Date 5/2 1931

19. UNDERTAKER Isaiah R Brown Son
(Address) 1018 W Monroe St

20. FILED [illegible] City, Md.

5-1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1931 to 4-30, 1931

I last saw him alive on 4-30, 1931. Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	
Generalized Peritonitis	
Other contributory causes of importance: Acute dilatation of heart	

Was an operation performed? yes Date of 4-30-31

For what disease or injury?

Name of operation Cholecystectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Ewalenge, M. D.

(Address) Provident Hospital

35088 328376 HEALTH DEPARTMENT—CITY OF BALTIMORE 35088

35-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 21-1 Ward).

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Stiefel (STIEFEL) If U. S. Veteran specify WAR .....

(a) Residence: No. 723 W. Cross St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-27-77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chas. Stiefel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Meisler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 3. 1937

19. UNDERTAKER Mr. Mrs. John W. Leifel & Son
(Address) 801 W. Fayette St.

20. FILED ..... 19 .....
(Registrar's signature)

OCT 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26. 1937 to April 29. 1937

I last saw h.. alive on April 29. 1937 Death is said to have occurred on the date stated above, at 11 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mucous Colitis	12 mos
Lymphosarcoma mesenteric	-
Rectal stricture	-

Other contributory causes of importance:

Was an operation performed? Yes Date of April 27

For what disease or injury? Rectal stricture

Name of operation Sigmoidostomy

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Barnes Woodhead, M. D.

(Address) JHH

F 35089 #23150

35089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-A SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 1-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Philippina Hofferberth

(a) Residence: No. 9 S. Linwood Ave. St., ...Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam (d)

6. DATE OF BIRTH (month, day, year) 11/21/1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
86 86	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Adam Krieg

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May 4 1937

19. UNDERTAKER George W. Zubler
(Address) 1737 E. Eager St

20. FILED MAY 4 - 1937 ...Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to May 1, 1937

I last saw her alive on May 1, 1937 Death is said to have occurred on the date stated above, at 2.50 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4-29-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Mabel Sutcliffe M. D.

(Address) Baltimore City Hospitals

35090 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35090

CERTIFICATE OF DEATH

66-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mal-Pen Hosp St. 1-1 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mabel Kimmerle

(a) Residence: No. 3046 O'Donnell St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J. Frank Kimmerle

6. DATE OF BIRTH (month, day, year) Dec. 28-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Robert M. Hurtt
14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER
15. MAIDEN NAME Mary E. Strangler
16. BIRTHPLACE (city or town) (State or country) Williamsport Md

17. INFORMANT Mary E. Hurtt
(Address) 3046 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date May 3 1937

19. UNDERTAKER George W. Finkler
(Address) 1737 E. Eagle St.

20. FILED MAY 2 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-7-37, 19..., to 4-30-37, 19...
I last saw her alive on 4-28-37 Death is said to have occurred on the date stated above, at 7:16 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Thyroid	
Other contributory causes of importance: Bronchial Pneumonia	

Was an operation performed? yes Date of 4-26-37
For what disease or injury? Toxic Thyroidism
Name of operation Thyroidectomy
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.
(Address) Mal-Pen Hosp

M. D. B 1268-9

35091

F 35091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 26-W Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence W. Freiberg If U. S. Veteran specify WAR .....

(a) Residence: No. 3909 Orleans St St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec - 8 - 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	4	25 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles Freiberg

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Emma Rothenberg

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Charles Freiberg

(Address) 3909 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 3 19 37

19. UNDERTAKER Philip Herwig Son

(Address) 30 Collington Ave

APR 29 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Ellwood Ave

F 35092 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35092

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3030 E. Monument pt1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Nicholas Auwiller

(a) Residence: No. 3030 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced WIFE of or HUSBAND of: late Amelia Auwiller

6. DATE OF BIRTH (month, day, year): Dec 2 - 1860

7. AGE: Years 76 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: John Auwiller

14. BIRTHPLACE (city or town) (State or country): unkown

MOTHER

15. MAIDEN NAME: Amelia Wetter

16. BIRTHPLACE (city or town) (State or country): Ger.

17. INFORMANT: Mrs Anna Fink

(Address) 3030 E. Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 3 37

19. UNDERTAKER: Philip Herwig Sons

(Address) 2016 Eutaw St

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29 37

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1936, to April 29, 1937

I last saw h in alive on April 29, 1937. Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset

Other contrib causes of importance: Edema of lungs.

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Wm D Ickert M. D.

(Address) 701 N. Kenwood Ave.

V 7 - 1937 [illegible]

F 35093

35093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 161-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Baby Boy Faubert

If U. S. Veteran specify WAR .....

(a) Residence: No. Crownsville, Md. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 30, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		2 da.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Gustave Herné Faubert

14. BIRTHPLACE (city or town) (State or country) Boucherville Canada

MOTHER

15. MAIDEN NAME Catherine Casimera Shibaika

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date May 3 37

19. UNDERTAKER John O Mitchell & Son
(Address) [illegible] Pl. Balto Md

20. FILED [illegible] Crownsville, Md
MAY 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 — 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30 1937 to May 2 1937

I last saw h[illegible] alive on May 2 1937 Death is said to have occurred on the date stated above, at 12 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus neonatorum	7
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Griffith Horsley M. D.

(Address) Mercy Hospital

M. D. B 1268-9

F 35094

35094 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? 71 yrs. 1 mos. 8 ds.

2. FULL NAME John Charles O'Neill Sr. If U. S. Veteran specify WAR NONE

(a) Residence: No. 2650 Oswego Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine O'Neill

6. DATE OF BIRTH (month, day, year) March-22-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 1009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Trust Co.

10. Date deceased last worked at this occupation (month and year) April-30-1937

11. Total time (years) spent in this occupation 11 years

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Cecelia Gilchrist

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wm. C. O'Neill Jr. (son)

(Address) 2650 Oswego Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May-3 1937

19. UNDERTAKER Elwood Mowen Co.

(Address) 108 W North Ave.

FILED - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) Chas B Wallace M. D.
Coroner

(Address) 1031 St Paul St

E 35095

35095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15-13 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2650 Oswego Ave. St., 15-13 Ward)

Length of residence in city or town where death occurred 70 yrs. 10 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine O'Neill.

(a) Residence: No. 2650 Oswego Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow. 2 hrs.

5a. If ~~married, widowed, or divorced~~ (or) WIFE of John C. O'Neill. Sr.

6. DATE OF BIRTH (month, day, year) June 4, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Trenk.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT J.C. O'Neill (son)
(Address) 2650 Oswego Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place The Cathedral Date May 3/ 37

19. UNDERTAKER Stewart & Co.
(Address) 108 W. Monroe.

20. FILED ... 19... by ...

MAY 2 - 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

5/1/37 (Address) 1017 S. Charles St.

F 35096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herbert E. Phelps

(a) Residence: No. 714 W. Redwood St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Walton Phelps

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

FATHER

13. NAME Herbert Phelps

14. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

MOTHER

15. MAIDEN NAME Celia A. Kirk

16. BIRTHPLACE (city or town) (State or country) Bridgeport Conn.

17. INFORMANT Dr. F. W. Phelps

(Address) East Hartford Conn.

18. BURIAL, CREMATION, OR REMOVAL

Place Bridgeport Conn. Date May 4 1937

19. UNDERTAKER Cook & Cook

(Address) 303 Main St.

20. FILED MAY 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Karsner M. D.

(Address) 2757 W. North Ave. Coroner

F 35097

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35097

CERTIFICATE OF DEATH

53C

Registered No. 20-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Abraham Prestoop

(a) Residence: No. 2002 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 59; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joseph Pristoph

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Hannah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL: 5-2-37
Place: Bush Rd Date ... 19

19. UNDERTAKER: Jos. Levin Sons
(Address) 1439 E. Baltimore St

5-2-1937 ... Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1 - 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from April-12-, 1937, to May 1, 1937

I last saw him alive on ~~April~~ May 1, 1937 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral neoplasm - frontal lobe extending into 4th ventricle Rt. side

Date of onset: ?

Other contributory causes of importance:

over

Was an operation performed? yes Date of April-30-1937

For what disease or injury? for neoplasm - Portion of tumor removed

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. S. Grinfeld M. D.

(Address) West Balto. General Hosp.

35098 F 35098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3919 Marie ave 15-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Moses Schapiro

(a) Residence: No. 3919 Marie ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Schapiro

6. DATE OF BIRTH (month, day, year) 11-27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jerusalem

FATHER

13. NAME Joshua Hershel Schapiro

14. BIRTHPLACE (city or town) (State or country) Jerusalem

MOTHER

15. MAIDEN NAME Watrous

16. BIRTHPLACE (city or town) (State or country) Jerusalem

17. INFORMANT David Shapiro - son

(Address) 304 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Date 5/5/37

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Pratt St.

20. FILED 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 1935, to May 1, 1937

I last saw him alive on May 1, 1937 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	2 yrs
Other contributory causes of importance: Acute Pulmonary Edema	1½ hrs Exp

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation None

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Simons M. D.

(Address) 2340 Eutaw Place

35099 F 35099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 Oakcrest Ave. St. 27-5 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosina Depkin

(a) Residence: No. 3026 Oakcrest Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles F. Depkin

6. DATE OF BIRTH (month, day, year) March 8, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: At. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country) Germany

FATHER

13. NAME Fenker

14. BIRTHPLACE (city or town) Unknown
(State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka Fehner

16. BIRTHPLACE (city or town) Unknown
(State or country) Germany

17. INFORMANT Mrs. Blaha
(Address) 3026 Oakcrest Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 3, 1937

19. UNDERTAKER Friedrich Funeral Home
(Address) 7401 Belair Road

FILED MAY 2 - 1937

5/1/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1937 to Apr 30, 1937
I last saw her alive on Apr 30, 1937 Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Left Hemiplegia	

Other contributory causes of importance:

Arteriosclerosis	
Myocarditis	

Was an operation performed? ... Date of ...

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Chas. F. Blaha M. D.

(Address) 4706 Gaywood Road

35100 # 22984 EB ✓ F 35100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.....

1. PLACE OF DEATH
Baltimore City Hospital 2-2
CITY OF BALTIMORE: (No. ..... St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Prochownik (Brohofink)
If U. S. Veteran specify WAR .....

(a) Residence: No. 317 S. Register St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary (Deceased)

6. DATE OF BIRTH (month, day, year) 11-16-1878

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	5	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Poland
(State or country)

FATHER
13. NAME Egalgenot
14. BIRTHPLACE (city or town) Poland
(State or country)

MOTHER
15. MAIDEN NAME Mary
16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 4, 1937.

19. UNDERTAKER M. J. Sadowski & Son
(Address) 1804 Eastern Ave

20. FILED ..... 19.....

MAY 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1937 to 4-29, 1937
I last saw h[illegible]live on 4-29 1937 Death is said to have occurred on the date stated above, at 6 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinoma of lung	1yr.
Other contributory causes of importance: Pneumonia	6 days

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.
(Address) Balt. City Hosp.

F 35101 ✓ F 35101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 W Lexington St 18 - 2 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen L. Scott

(a) Residence: No. 1202 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Jacob Scott

6. DATE OF BIRTH (month, day, year) Feb. 26 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Samuel Marshall

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Maria Jones

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Wm Burgess

(Address) 1202 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 2 1937

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

MAY 1 1937 ..... MAY 2 - 1937 ..... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15 1937 to April 28 1937

I last saw her alive on April 28 1937. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic Myocarditis	
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Howell M. D.

(Address) 601 W Lexington Ave

32845-1
35102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35102

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-1 Ward) 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mon. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Valeria Brzezinska

If U. S. Veteran specify WAR .....

(a) Residence: No. 1926 Gough St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter

6. DATE OF BIRTH (month, day, year) 12-9-82.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Lendzyan

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date May 3, 1937

19. UNDERTAKER M. J. Sadowski & Sons

(Address) 1500 Eastern Ave

FILED ..... 19..... Registrar

MAY 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 28, 1937, to Apr. 29, 1937

I last saw her alive on Apr. 29, 1937. Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic coma	4/24/37
cerebral embolism	

Other contributory causes of importance:

coronary occlusion	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mitchell Prathicell M. D.

(Address) Johns Hopkins Hospital B-L

35103

✓ F 35103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Brookfield Ave. St. 13-2 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Lewis J. Cohen

(a) Residence: No. 2117 Brookfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lewis Cohen

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Annette Eytinge

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT (Address) Mr. Samuel L. Cohen, 2117 Brookfield Ave.

18. ~~BURIAL~~, CREMATION, (REMOVAL) —

Place Loudon Park Crem Date May 3, 19 37

19. UNDERTAKER (Address) Harry Sondheim & Son. 1902 Eutaw Place

FILED 5-2-1937 [signature] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 30, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27 1937 to April 30 1937

I last saw him alive on Apr. 30 1937. Death is said to have occurred on the date stated above, at 6:12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	?
Other contributory causes of importance: Intestinal obstruction	1 day

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Kader M. D.

(Address) 2306 Eutaw Place.

35104 F 35104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital St., 25-27 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elmer Howard Pettit, Jr.

(a) Residence: No. 1804 Wilmington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 13, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elmer H. Pettit

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Adele Joyce

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elmer H. Pettit
(Address) 1804 Wilmington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 4 1937

19. UNDERTAKER Edward Tomlinson
(Address) 2209 Ward Blvd

20. FILED ..... 19..... [illegible]

MAY 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937 to April 30, 1937

I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 7½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-measles Encephalitis	4/17/37
Other contributory causes of importance: Post nasal Hemorrhage	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Amidst & Tonsillectomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Byron G. Gill M. D.

(Address) Sydenham Hospital

35105 F 35105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital 210-M

CITY OF BALTIMORE: (No. ... St. ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Myra B Shipley

If U. S. Veteran specify WAR ...

(a) Residence: No. ... St. Lansdowne Md Ward. Balto Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 26 - 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Marshall H Shipley

14. BIRTHPLACE (city or town) (State or country) Pikesville Md

MOTHER

15. MAIDEN NAME Edith Brooks

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marshall H Shipley
(Address) Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 3 1937

19. UNDERTAKER Edward Toulson
(Address) 2369 Wash Blvd

20. FILED MAY 2 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-29, 1937

Where did injury occur? Motor Car - Lansdowne
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — Valley Spy Road

Manner of injury Struck by truck as child was crossing street

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Evelyn Kerby M. D.
Coroner

(Address) 21 N Payson St

35106

F 35106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 2/4-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20- yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virgie Robert (alias Virginia Marshall) U. S. Veteran WAR

(a) Residence: No. 1725 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 15 - 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waitress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Michael Md

FATHER

13. NAME Howard - Roberts

14. BIRTHPLACE (city or town) (State or country) St. Michael Md.

MOTHER

15. MAIDEN NAME Josephine (Antrom)

16. BIRTHPLACE (city or town) (State or country) St. Michael Md.

17. INFORMANT Garfield Marshall

(Address) 1725 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Auburn Date 5/3 1937

19. UNDERTAKER James M. Stamper

(Address) 1138 Argyle Ave

20. FILED 5-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1937

22. I HEREBY CERTIFY, That I last saw the deceased on the date stated above, and that I have viewed the remains described above, held an inquest + autopsy (Inquest, Autopsy or Inquiry) upon the body of said deceased, and that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of head.	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury April 28 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Gun shot wound of head

Nature of injury Gun wound - Head

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 501 E. Lexington

35107 F 35107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 21821 JS Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 2271 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Major B. Allen

(a) Residence: No. 420 W. Henrietta St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Allen

6. DATE OF BIRTH (month, day, year) 1-25-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	69	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Moses Allen

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Tena ?

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 3 1937

19. UNDERTAKER Wally B Spriggs
(Address) 921 Hamburg St

20. FILED 5-3 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-12 1937 to 4-30 1937

I last saw him alive on 4-30 1937 Death is said to have occurred on the date stated above, at 8.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of prostate	2 yrs.
Other contributory causes of importance: Subarachnoid hemorrhage	8 days.

Was an operation performed? Yes Date 4-6-37

For what disease or injury? Hypertrophy prostate

Name of operation Cystostomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. H. Howard M. D.

(Address) Balt. City Hosp.

V 8 3

35108 E 35108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolte City Hosp St. 7-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harris Patterson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1022 Rutland Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Sept 15 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) Unknown. | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Pleas

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Abbott

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 3 1937

19. UNDERTAKER Robert E Williams

(Address) 1515 McCulloh St

20. FILED May 3 1937 Registrar

C-3-103

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21 1937 to May 1 1937.

I last saw him alive on May 1 1937. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs.	Dec 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was disease confirmed by an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. M Lowman, M. D.

(Address) .....

35109 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 35109

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 2 Ward)
Length of residence in city or town where death occurred ..yrs. 1 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Clyde Ford
(a) Residence: No. Westmer Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie F

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
58			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Nelson Charles Ford
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME ? Walston
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Crisfield Date May 5, 19

19. UNDERTAKER Nelson Schaffner & Sons
(Address) Md & Penna Ave

20. FILED MAY 3 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to May 2, 1937
I last saw h[illegible] alive on May 2, 1937. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	4/30
Intestinal obstruction	3/1/37
Carcinoma of Sigmoid colon	
Other contributory causes of importance:	
Cardiac failure	

Was an operation performed? Yes Date of 4/29/37
For what disease or injury? Carcinoma of sigmoid
Name of operation Resection of colon & colostomy
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Francis S. Dickey, M. D.
(Address) University Hospital

35110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-aF 35110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 27-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Nichols Towner Elsie N. Towner

If U. S. Veteran specify WAR

(a) Residence: No. 328 Broxton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Merle E. Towner

6. DATE OF BIRTH (month, day, year) Mch 16 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Linden L. Nichols

14. BIRTHPLACE (city or town) (State or country) Alice E. Cook Conn.

MOTHER

15. MAIDEN NAME Alice E. Cook

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Merle E. Towner
(Address) 328 Broxton Road

18. BURIAL, CREMATION, OR REMOVAL
Place Crawford Conn Date May 4 1937

19. UNDERTAKER John Crutchfield Sons
(Address) 1700 Eutaw Place

20. FILED MAY 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 2, 1937

I last saw h[illegible] alive on May 2, 1937 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic meningitis	
Otitis media	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schroeder, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#xx
SF

CERTIFICATE OF DEATH

F 35111

95-F 35111

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Melchior

(a) Residence: No. 711 E. Balto. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/2/1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	87	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker & Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. a017

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md.
(State or country)

FATHER

13. NAME John Charles Melchior

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Bertha Wolfe

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 3 1937

19. UNDERTAKER John Whitehill Sons
(Address) Gwynns Falls

20. FILED ..... 19..... ..... Registrar

MAY 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937, to April 30, 1937

I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis last three years	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. DeSantis M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

35112 35112

CERTIFICATE OF DEATH

Registered No. 27-13 100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5017 Roland Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanch Parrott

If U. S. Veteran specify WAR

(a) Residence: No. 5017 Roland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Thomas Parrott

6. DATE OF BIRTH (month, day, year) June 10, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harwood Md.

FATHER

13. NAME William Howard

14. BIRTHPLACE (city or town) (State or country) A.A.CO. MD.

MOTHER

15. MAIDEN NAME Elixa wayson

16. BIRTHPLACE (city or town) (State or country) A.A.CO. MD.

17. INFORMANT Mrs. John F. Duke

(Address) 5017 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL.

Place Annapolis Md. Date May4.1937

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

MAY 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2.1937 19

22. I HEREBY CERTIFY, That I attended deceased from 4/15 1937 to May 2 1937

I last saw her alive on May 1 1937 Death is said to have occurred on the date stated above, at 7.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Pulmonary Embolism	2 days

Other contributory causes of importance: Cancer Uterus with Thrombosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack R. McMax M. D.

(Address) 708 Reservoir St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

#22897 SF

F 35113

CERTIFICATE OF DEATH

89-a

Registered No. F 35113

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 26-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Stanley Lewinski

(a) Residence: No. 3420 E. Lombard St. St., ... Ward. ... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/7/12

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James Lewinski

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Victoria Dockins

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date May 5, 1937

19. UNDERTAKER John H. Wright

(Address) 2007 E. Eager St.

20. FILED MAY 3 - 1937 [illegible] City Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1937 to 5-2, 1937

I last saw him alive on 5-1, 1937 Death is said to have occurred on the date stated above, at 5:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rem Supra abscess of Left Lateral Sinus	4-14-37
Chronic Mastoiditis Lt.	?
Chronic otitis Media Lt.	?

Other contributory causes of importance:

Multiple Abscess of Lungs 4-23-37

Empyema, bilateral (4-28-37)

Was an operation performed? yes Date of 4-21-37

For what disease or injury? Rem Lateral Sinus abscess

Name of operation Mastoidectomy, Lt.

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Carpenter, M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35114 F 35114

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Evesham Ave St. 27-8 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Matilda Will

(a) Residence: No. 603 Evesham ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Will

6. DATE OF BIRTH (month, day, year) Oct 20 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carolus Boetzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Retzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Dora Will
(Address) 603 Evesham Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cap Lawn Cem. Date May 3 1937

19. UNDERTAKER John Ulrich & Son
(Address) 1001 Gilmor St

20. FILED MAY 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25 1937 to April 30 1937

I last saw her alive on April 30 1937. Death is said to have occurred on the date stated above, at 2:10 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4/25/37

of Brain

Other contributory causes of importance:

Pulmonary Oedema

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ed L Zimmerman M. D.

(Address) 2458 Maryland Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35115

CERTIFICATE OF DEATH

✓127 F 35115

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N. Glover St. ST. 6-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME BARBARA JULIA WINFELDER

(a) RESIDENCE NO. 224 N. Glover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of George Winfelder

7 DATE OF BIRTH (month, day, and year) Feb. 15, 1873

8 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	16	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER August Krueger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Josephine Bruen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant George Winfelder

(Address) 224 N. Glover St.

FILED MAY 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 1 - 1937

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1937, to April 29, 1937, that I last saw h[illegible] alive on April 29, 1937 and that death occurred, on the date stated above, at 9.30 A. m.

The CAUSE OF DEATH* was as follows:

Acute Coronary occlusion

Arteriosclerosis

Hypertension

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Obesity, Cholecystitis, oral sepsis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Walter A Anderson, M. D.

, 19 (Address) 3001 Shannon Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL May 4, 1937

20 UNDERTAKER [illegible]

ADDRESS 2008 Orleans St.

#23062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35116

5116

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-5-108 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Terry, William

(a) Residence: No. 414 N. Dallas St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married (sep.)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 5/11/1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0074

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Sam Terry

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Barthe Conway

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Natural Cemetery Date May 4th 1937

19. UNDERTAKER Elroy O Wilson
(Address) 1201 W Baltimore

20. FILED ..... 19..... ..... Registrar.

MAY 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to April 30, 1937.

I last saw h... alive on April 30, 1937. Death is said to have occurred on the date stated above, at 3 26 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-25-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W A Defandorf M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

35117 CERTIFICATE OF DEATH 1937 F 35117

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Mura St. 10-1 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. If of foreign birth? 55 yrs. — mos. — ds.

2. FULL NAME Bridget Sheridan If U.S Veteran specify WAR .....

(a) Residence: No. 731 Mura St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Sheridan

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
About	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Timothy Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Gill

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Della Boyle

(Address) 731 Mura St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date May 4 1937

19. UNDERTAKER Henry Street Funeral Home

(Address) 301 S. Eaga St.

FILED MAY 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936 to May 1 1937

I last saw her alive on May 1, 1937 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	5/1/37 ?
arteriosclerosis	?
myocardial degeneration	
Other contributory causes of importance:	
Left side Hemiplegia due to former cerebral haemorrhage	Dec. 1936

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Samuel Lichenfeld, M. D.

(Address) 708 S. Preston St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35118

CERTIFICATE OF DEATH

107-aF 35118

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Burger

If U. S. Veteran specify WAR .....

(a) Residence: No. 133 S. Potomac St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Burger

6. DATE OF BIRTH (month, day, year) May 22 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chevrolet Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 0009

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Burger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rose Ritter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hilda Burger

(Address) 133 S. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date May 4th 1937

19. UNDERTAKER Lilly & Siler Sue.

(Address) 403 S Wolfe St

20. FILED May 4 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 30, 1937

I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho. pneumonia	1wk
Other contributory causes of importance:	
-	

Was an operation performed? no Date of -

For what disease or injury? .....

Name of operation -

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury - ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) Anthony J Thomas M. D.

(Address) St Josephs Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35119

CERTIFICATE OF DEATH

108 F 35119

24-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Metzger.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1510 Boyle St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXX Catherine Metzger.

6. DATE OF BIRTH (month, day, year) September 14, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6086 Machine operator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buck Glass Works.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Metzger.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Raynor.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Catherine Metzger. (wife)
(Address) 1510 Boyle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 4 1937

19. UNDERTAKER Richard F. Duffy
(Address) 1041 Gorsuch Ave

20. FILED 5-3-1937 [illegible] 5/1/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
(Coroner)

(Address) 1017 S. Charles St.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

35120 CERTIFICATE OF DEATH 79-aF 35120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Trombetta

If U. S. Veteran specify WAR

(a) Residence: No. 1518 Bouyer St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael

6. DATE OF BIRTH (month, day, year): Jan 20 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Rudolph O. Brandt

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Clara Bingel

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Michael Trombetta

(Address) 1518 Bouyer St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: May 3 1937

19. UNDERTAKER: Wendell P. Dillon

(Address) 1625 Eutaw St.

MAY 3 - 1937 Harrington Pct. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningococcus Meningitis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D. Coroner

(Address) 1010 S. Bellevue Ave

V S 6

35121

F 35121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 W. Nonch Ave St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josiah S Syfer

(a) Residence: No. 1600 W. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Syfer

6. DATE OF BIRTH (month, day, year) June 10-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Millville N J

FATHER

13. NAME Charles Syfer

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Sarah Penn

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mamie Syfer

(Address) 1600 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date May 4. 1937

19. UNDERTAKER Robt C & B M Walters

(Address) 1600 W. North ave

MAY 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to May 1 1937

I last saw h[illegible] alive on May 1 1937 Death is said to have occurred on the date stated above, at 1:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-1-37
Other contributory causes of importance: Bronchial Asthma	1936

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Morris B. Schreiber M. D.

(Address) 54 S. Fulton Ave.

Spec.—9-30—A. & Co.—250 Bks

35122 F 35122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 North Fulton Ave S 15 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME David Edward Bowman

(a) RESIDENCE NO. 1530 North Fulton Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gladyce Bowman

6 DATE OF BIRTH (month, day, and year) Aug. 18, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Hotel Clerk, 009

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Southern Hotel

9 BIRTHPLACE (city or town) Harrisonburg

(State or country) Virginia

PARENTS

10 NAME OF FATHER Joseph B. Bowman

11 BIRTHPLACE OF FATHER (city or town) Hokesville

(State or country) Virginia

12 MAIDEN NAME OF MOTHER Bertha Little

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

14 Informant Mrs Gladyce Bowman

(Address) 1530 N. Fulton Ave Balto

15 MAY 3 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1937

17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1933, to April 30, 1937

that I last saw him alive on April 30, 1937

and that death occurred, on the date stated above, at 6.40 P. m.

The CAUSE OF DEATH* was as follows:

Rheumatic Heart Disease with Mitral Regurgitation

(Duration) 18 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Virginia

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical findings

(Signed) Joshua H. Armacost M. D.

Apr 30, 1937 (Address) Woodlawn, Maryland

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Westminster Md

DATE OF BURIAL May 3 1937

20 UNDERTAKER Josiah Lyser

ADDRESS 603 W. North Ave

33821 HEALTH DEPARTMENT—CITY OF BALTIMORE 35123

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 600-8 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Mayhugh

If U. S. Veteran specify WAR .....

(a) Residence: No. 201 Augusta ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-27-91

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Contracting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 4-16

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Clayton Mayhugh

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Fromm's Va Date May 4 1937

19. UNDERTAKER George L. Schumpf
(Address) 711 Frederick Ave

20. MAY 3 - 1937 Registrar, B.C.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20 1937 to May 1 1937

I last saw him alive on May 1 1937. Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	Nov 1936

Other contributory causes of importance:

Gas Bacillus infection abdomen

Was an operation performed? Yes Date of April 27 34

For what disease or injury? Sig. mordotomy & Colostomy for Ca Rectum & Gas Bacillus infection

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Richard Ferguson M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35124 CERTIFICATE OF DEATH 22688--CM F 35124

Registered No. 18-3 952

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Pladowsky or PLADSINSKY If U. S. Veteran specify WAR

(a) Residence: No. 830 W. Pratt St., St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-20-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME un.

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 4 1937

19. UNDERTAKER John F. Grabiduckas (Address) 1423 E. Baca St.

20. FILED 5-3-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13 1937 to May 2 1937

I last saw him alive on May 2 1937. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease — Date of onset unknown

Myocardial failure — 4-25-37

Other contributory causes of importance:

Cerebral arteriosclerosis — unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wade Santelle M. D.

(Address) Baltimore City Hospitals

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193 C F 35125

F 35125

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 E. 38th ST., 9-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME MATHIAS FRANK LASSANCE

(a) RESIDENCE NO. 617 E. 38th ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of) Frances W. Lassance

6 DATE OF BIRTH (month, day, and year) Oct 6 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electro Plater

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Iowa

PARENTS

10 NAME OF FATHER Frank Lassance

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Katherine Redding

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Frances W. Lassance (Wife)

(Address) 617 E 38th St

15 APR 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1937

17 I HEREBY CERTIFY, That I attended deceased from July, 1935, to Apr 30, 1937, that I last saw h/M alive on APR 30, 1937 and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

RHEUMATIC ENDOCARDITIS & MYOCARDITIS

(duration) 5+ yrs. mos. ds.

CONTRIBUTORY (Secondary) EMBOLISM & SPLENIC & MESENTERIC

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? CLINICAL

(Signed) F. V. D. WACK, M. D.

, 19 (Address) 513 E. 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Moreland Park — DATE OF BURIAL: May 3 1937

20 UNDERTAKER: Albert W Berezay — ADDRESS: 440 E North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35126 CERTIFICATE OF DEATH X 119 F 35126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhan Hospital St., 9-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Mowbray

(a) Residence: No. Alberton, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alberton, Md.

FATHER

13. NAME W. Jesse Mowbray

14. BIRTHPLACE (city or town) (State or country) Elkton, Md.

MOTHER

15. MAIDEN NAME Mildred Shifflett

16. BIRTHPLACE (city or town) (State or country) Elkton Md.

17. INFORMANT Lester Mowbray

(Address) Alberton

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem. Date May 3 1937

19. UNDERTAKER H. Stapleton Jr.

(Address) Elkton, Md.

20. Filed MAY 4 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937 to May 3, 1937

I last saw h[illegible] alive on May 3, 1937. Death is said to have occurred on the date stated above, at 4-29 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and Enteritis	4/27

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Selman M. D.

(Address) Lyndenhan Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35127

CERTIFICATE OF DEATH

23060--CM

F 35127

Registered No. 21-2108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 1359 Carroll St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) 2-17-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Alexander

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Malindia Tumes

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date May 5, 1937

19. UNDERTAKER Joseph A. Liffey
(Address) 1693 Mount Street

FILED 5-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26 1937, to April 30, 1937.

I last saw h alive on April 30, 1937. Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-15-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Le Sueur M. D.

(Address) Baltimore City Hospitals

F 35128

35128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Greenmount Ave 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wilson D. Eccleston.

(a) Residence: No. 3007 Greenmount Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie E. Eccleston

6. DATE OF BIRTH (month, day, year) May 2, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leavenworth Kansas

FATHER

13. NAME Noah Eccleston.

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Susan Shannon

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Mrs Mattie E. Eccleston

(Address) 3007 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date May 5 1937

19. UNDERTAKER Wm. Rickert Sons

(Address) North & Paca.

20. FILED 5-3-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1936 to May 2, 1937

I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 10.10a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan. 1937

Other contributory causes of importance:

Acute Articular Rheumatism	Dec. 1935
Endocarditis	Unknown

Was an operation performed? No Date of -----

For what disease or injury? -----

Name of operation ----- Clinical Examination

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. Turner Jones M.D.

(Address) 401 E. 25th Street

5129 ✓ F 35129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 Hollins St., 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cecelia Clark

(a) Residence: No. 1731 Hollins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Clark.

6. DATE OF BIRTH (month, day, year) July 3. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Hendricks Winter

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Helene Cloat.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. H. Winter.

(Address) 3304 Elgin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 5/4/37 19

19. UNDERTAKER Thos. J. [illegible] & Co.

(Address) 1800 Hollins

20. FILED 5-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25 . 1937 to May 1 . 1937

I last saw h.e alive on May 1 . 1937 Death is said to have occurred on the date stated above, at 8 P m.

The prinripal cause of death and related rauses of importanre were as follows:

	Date of onset
Cerebral Hemorrhage	April 25 37
Other contributory causes of importance: Chronic Nephritis	about 3 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Acrident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury ocrur? (Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public plare .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Alb. S. Scagnetti M. D.

(Address) 1729 W. Lombard St

35130 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35130

CERTIFICATE OF DEATH

12700-EF 95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Worthington

(a) Residence: No. 1038 Granby St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) 1-21-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. agent ADS6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph T. Worthington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Marie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Mathews Date May 4 1937

19. UNDERTAKER J Vernon Keehner
(Address) 230 Edmondson Ave

20. FILED 19 Registrar.

5 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1935 to May 1 1937

I last saw alive on May 1, 1937. Death is said to have occurred on the date stated above, at 1:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. DeSanctis M. D.

(Address) Baltimore City Hospitals

✓ F 35131

35131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-C

1. PLACE OF DEATH Volunteers of America Hosp. Registered No.

CITY OF BALTIMORE: (No. 418 W. Lexington St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Skipper

(a) Residence: No. Brooklandville, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, 12 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Wharton Skipper

14. BIRTHPLACE (city or town) (State or country) Balto. County Md.

MOTHER

15. MAIDEN NAME Matilda Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL MAY 3 - 1937

Place UNIVERSITY MEDICAL SCHOOL Date 19

19. UNDERTAKER

(Address) P. J. A. Kisor

MAY 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 1, 1937

I last saw ... alive on May 1, 1937 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	5/1
Cyanosis	
Other contributory causes of importance: Premature (7 mo.)	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard M. Hummel M. D.

(Address) Volunteers of America Hosp. 418 W. Lexington St.

35132 E 35132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 7-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR

2. FULL NAME James Gould

(a) Residence: No. 1022 W. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unk.

FATHER

13. NAME unk.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James Gould (Address) 1022 Wolfe St, Balto

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date MAY 3 - 1937 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED [illegible] Registrar
MAY 3 - 1937 3188 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.28. 1937

22. I HEREBY CERTIFY, That I attended deceased from 2.9. 1937 to 4.28. 1937

I last saw him alive on 4.28. 1937 Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, bilateral & with cavitation	?
Other contributory causes of importance: secondary anemia	

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher St

35133 E 25133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23124-ET

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Rosne

If U. S. Veteran specify WAR

(a) Residence: No. 215 N. Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-29-37

7. AGE Years	Months	Days	If LESS than 1 day 6 hrs. or 35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Lawrence Rosne

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dorothy Lipscomb

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Body cremated at BCH Date 4-30-37

19. UNDERTAKER none
(Address)

20. FILED [illegible] Registrar

4-30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-29-, 1937, to 4-29, 1937

I last saw him alive on 4-29, 1937. Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Marginal abruptio placenta	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Gladan M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 35134

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35134

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 Ryan St St. 21-2 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Phillips

(a) Residence: No. 913 Ryan St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late William Phillips

6. DATE OF BIRTH (month, day, year) Dec 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mr Theodore Phillips (Address) 913 Ryan Street.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date 5/4/ 1937

19. UNDERTAKER John J Young & Son (Address) 1921 Pennsylvania Ave

20. FILED MAY 3 - 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1/ 1937

22. I HEREBY CERTIFY, That I attended deceased from January 3 1937 to May 1, 1937

I last saw her alive on May 1 1937 Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation (Pulmonary Oedema)	5-1-37
Other contributory causes of importance:	
Hypertension	
arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Nathan Rousin M. D.

(Address) 2065 Guilford Ave

35135 E 35135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Ward St. 21-2 Ward)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel C. Cook

(a) Residence: No. 1113 Ward St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Margaret Cook

6. DATE OF BIRTH (month, day, year) Jan 31, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 1888

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Cook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elsie Bowen

(Address) 1113 Ward Street

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/5/, 1937

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

20. FILED MAY 3 - 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2/, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to May 2, 1937

I last saw him alive on May 2, 1937 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	May 1937
Other contributory causes of importance Chronic Myocarditis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Cystoscopy and Fulgur

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Gross M. D.

(Address) 76 Worthington St

F 35136 ✓ F 35136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 100 S. Strieber St. 19-3 Ward)

Length of residence in city or town where death occurred 23 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clare Crane

(a) Residence: No. 100 S Strieber St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 9th 1913.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	4	22.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 0048

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Walter Crane

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary J. Boyce

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr Walter Crane
(Address) 840 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date 5/5/ 1937

19. UNDERTAKER John J. Coogan & Son
(Address) 1901 E. Fallsway St.

20. FILED 5 - 1937 At 45 m past 1 P.M. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5 . 1937 to May 1 . 1937

I last saw h e alive on May 1 . 1937 Death is said to have occurred on the date stated above, at 11 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chronic appendicitis	4/1/37
Other contributory causes of importance: Retro-peritoneal Abscess	4/6/37
Peritonitis	4/6/37

Was an operation performed? Yes Date of 4/6/37 5/1/37

For what disease or injury? Chr. appendicitis Retro-peritoneal abscess 4/6/37

Name of operation Appendectomy & drainage Date of 4/6/37 5/1/37

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) C. M. Williamson M.D. M. D.

(Address) St. Agnes Hospital

F 35137

5137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Loud Balto Co Inf 54-3 Registered No.

CITY OF BALTIMORE: (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dallas Hawkins If U. S. Veteran specify WAR

(a) Residence: No. 36 Pleasant St Annapolis Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) — — 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shaver do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Talbert Hawkins

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Linda Tate

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Talbert Hawkins
(Address) Millers Hill Balto Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place Broadneck Date May 6 1937

19. UNDERTAKER B. Oltman
(Address) Annapolis

20. FILED 19 Registrar.

5-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Acc Date of injury May 2, 1937

Where did injury occur? Hanover St Bridge
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto struck Lamp Post

Nature of injury Machine out of Control

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Talbert Hawkins Coroner, M. D.

(Address) 911 N Gay St

5138 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 25138

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Cullen

If U. S. Veteran specify WAR

(a) Residence: No. 710 Dunkirk Rd St., Annesbie Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James L Cullen

6. DATE OF BIRTH (month, day, year) Sept 5 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0837

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME James E Young

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Lana E Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Earl J Cullen
(Address) 710 Dunkirk Rd. Annesbie Md

18. BURIAL, CREMATION, OR REMOVAL
Place Crisfield Cem Date May 5 1937

19. UNDERTAKER J. S. Lawson
(Address) Crisfield Md

20. FILED MAY 3 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29 1937 to May 3 1937

I last saw h[illegible] alive on May 3 1937. Death is said to have occurred on the date stated above, at 1 10/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	3
Other contributory causes of importance:	
Uremia	1 wk

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Bruce H. Isaacs, M. D.

(Address) St. Joseph's Hosp.

Inquest # 13 F 35139

5139 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. 22-1

1. PLACE OF DEATH Found floating in the water
CITY OF BALTIMORE: (No. at Foot of Montgomery St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Unknown.(c)

(a) Residence: No. Do not know. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	-------	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.
14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.
16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date MAY 3 - 1937 19
Commissioner of Health

19. UNDERTAKER
(Address) Per M. A. Moore

20. FILED [illegible] 4/28/37

MAY - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found April 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	
2	
Other contributory causes of importance:	
3	

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [signature] M. D.
Coroner
Address) 1017 S. Charles St.

35140 F 35140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Cuff
If U. S. Veteran specify WAR

(a) Residence: No. 434 E. Lorraine Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan. 11, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME John Cuff
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Jane Goldman
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. F. Duffy
(Address) 34 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cemetery Date May 5 1937

19. UNDERTAKER Thos. M. Weatherbee
(Address) 22 E. Biddle St

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937 to May 2, 1937
I last saw her alive on May 2, 1937 Death is said to have occurred on the date stated above, at 8.35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1925
Coronary occlusion	4-13-37
Other contributory causes of importance: Common cold	4-10-37

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation —
What test confirmed diagnosis? Clinically and by autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify It was not.

(Signed) Frank W. Wenner M. D.
(Address) Union Memorial Hospital.

35141 ✓ F 35141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-w

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 Guilford St. 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Helen Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 1809 Guilford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Thomas

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 9

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Mooney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Reiter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Thomas

(Address) 1809 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 5/6/31

19. UNDERTAKER Wm. H. Sheckells & Co.

(Address) 1701 N. Charles St

20. FILED MAY 5 - 1931 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1, 1931

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrh.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Elmer K. Wallace M. D.

Coroner

(Address) 1001 St. Paul St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35142

CERTIFICATE OF DEATH

93C

F 35142

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6607 Old Woodford Rd

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Element Weber

If U.S. Veteran specify WAR .....

(a) Residence: No. 6607 Old Woodford Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Weber

6. DATE OF BIRTH (month, day, year): Dec 23 1885

7. AGE: Years 51 | Months 4 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

13. NAME: Joseph J Weber

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Christina Hesse

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Mary Weber

(Address) 6607 Old Woodford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 3 1937

19. UNDERTAKER: Mart H. E. Dippel

(Address) 37 E. Lanvale St

20. FILED

3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1934 - , 19.. , to MAY 1 , 1937

I last saw him alive on MAY 1 , 1937 Death is said to have occurred on the date stated above, at 12 m. 12:05 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSION	1934
MYOCARDIAL DEGENERATION	1934
Other contributory causes of importance:	
ACUTE CARDIAC DILATATION	APR. 30

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] , M. D.

(Address) 8 East Read St

M. D. R. 1268-9

F 35143

35143

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 W. North Ave. 3-3 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Beauchamp

(a) Residence: No. 1132 W. North Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John T. Beauchamp

7. DATE OF BIRTH (month, day, year) Sept 23 1850

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brandywine Md

FATHER
13. NAME Chas Hankins
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ella Beauchamp
(Address) 113 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery May 5 1937

19. UNDERTAKER Maurice Boyle
(Address) 1600 W. Baltimore Ave

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased (from Apr 3 1937 to May 2 1937

I last saw her alive on May 1 1937. Death is said to have occurred on the date stated above, at 9 to 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis Clr Nephritis Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. S. Lloyd M. D.

(Address) 1132 Eutaw

F 35141

5141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25-5 486-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Blatimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? 25 yrs. ---- mos. ---- ds.

If U. S. Veteran specify WAR

2. FULL NAME Michael Walega.

(a) Residence: No. 1625 Ceddox St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	----	------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane operator, 0186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Davison Chemical Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME George Walega.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary Stelmach.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Theadore Walega.(brother)

(Address) 1625 Ceddox St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross C.C. Date 5/4/ 1937

19. UNDERTAKER C. J. Feeney & Son

(Address) 1938 Lafayette Ave

20. [illegible] Registrar.

5-1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 3,4,5,6 ribs right posterial, Probable fracture of spine, lumbar region. Accidental fall from overhead crane.	4/25/37
Other contributory causes of importance: Terminal Pneumonia.	

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/25/37 19

Where did injury occur? Davison Chemibal Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Fall from overhead crane.

Nature of injury As above.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Accidental fall.

(Signed) [illegible] M. D.
Coroner

5/1/37 (Address) 1017 S. Charles St.

F 35145

35145

HEALTH DEPARTMENT—CITY OF BALTIMORE

xxx
SF

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Adam J. Lange

(a) Residence: No. 2038 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Oct. 27-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	77	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. broom winder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Herman Lange

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Mary Agnes ? Rippke

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 4/37 19

19. UNDERTAKER E. Miller & Son
(Address) John E. Miller

20. FILED 19 Registrar.

5-1937 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937, to May 1, 1937

I last saw him alive on May 1, 1937 Death is said to have occurred on the date stated above, at 12-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	4-24-37
Myocardial failure	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. D.

(Address)

E 35146

HEALTH DEPARTMENT—CITY OF BALTIMORE

35146

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-3 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Wilbur Clark (or William H. Clark 23055)

(a) Residence: No. 210 S. Stricker St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie

7. DATE OF BIRTH (month, day, year) July 27, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	9	6 da.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nettie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 6 1937

19. UNDERTAKER Geo. A. Miller & Sons
(Address) 1225-35 E. Baltimore St.

20. FILED May 6 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937 to May 3, 1937

I last saw him alive on April 3, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan. 1937
Tuberculosis of Lymph Glands	Jan. 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

F 35147

35147 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-13

Registered No. .....

1. PLACE OF DEATH Sinai Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3810 Fairmount Ave. St. 15 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lenard Lipman (LEONARD LIPMAN) U. S. Veteran specify WAR .....

(a) Residence: No. 3810 Fairmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Lenard Lipman

14. BIRTHPLACE (city or town) (State or country) Chicago Ill.

15. MAIDEN NAME Dorothy Pearl Lipsey

16. BIRTHPLACE (city or town) (State or country) Chicago Ill.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship 5/3/37

19. UNDERTAKER Jack Levy & Co
(Address) 1434 E. Balto St.

20. FILED MAY 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/37 , 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1937, to May 3, 1937

I last saw him alive on 5/3/37, 19 Death is said to have occurred on the date stated above, at 10:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease.	
Acute rheum. fever	
Cardiac Hypertrophy & Dilatation.	
Coronary Embolism ?	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Herbert Abramson, M. D.

(Address) Sinai Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

35148 — CERTIFICATE OF DEATH — 131 F 35148

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 293 S. Stricker St. St. 19-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .

2. FULL NAME Amanda J. Lokman

(a) Residence: No. 293 S. Stricker St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Lokman

6. DATE OF BIRTH (month, day, year) May 21, 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Shenandoah, Pa.

FATHER

13. NAME Richard Treise

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Hilton

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Harry Lokman
(Address) 293 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 4, 1937

19. UNDERTAKER Harry A. Lustfeld

(Address) 1101 Gordon Ave.

20. FILED 5-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1931 to May 2 1937

I last saw her alive on May 1 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular-Renal Disease	(?)
Other contributory causes of importance: Coronary Thrombosis	5/1/37

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. N. Triplett M. D.

(Address) 1326 W Lombard St

HEALTH DEPARTMENT—CITY OF BALTIMORE

35149

CERTIFICATE OF DEATH

1347-F 35149

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgianna Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 3380 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Taylor

6. DATE OF BIRTH (month, day, year) 1859?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7??		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date May 4. 1937

19. UNDERTAKER Harry A. Wilhelm Co
(Address) 4101 Edmondson Ave

4 JUN 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1937 to May 2, 1937.

I last saw her alive on May 2, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchpneumonia	4-30-37
Other contributory causes of importance:	
Cerebral Arteriosclerosis	1936

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Hilde Santelle M. D.

(Address) Baltimore City Hospitals

35150 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35150

CERTIFICATE OF DEATH

✓139-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 20-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Bailey

If U. S. Veteran specify WAR No Record

(a) Residence: No. 548 South Longwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ (or) WIFE of: Charles Bailey

7. DATE OF BIRTH (month, day, year): Sept 1st 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: William Baker

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mollie Tolson

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Charles Bailey 548 S. Longwood St

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: May 5th 1937

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

FILED MAY 4 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937, to May 1, 1937

I last saw h.e.s. alive on May 1, 1937. Death is said to have occurred on the date stated above, at 10.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcic Peritonitis following operation ?	
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 29, 1937

For what disease or injury? Chronic Pelvic Inflammatory Disease

Name of operation Supra Vaginal Hysterectomy, Bilateral Salpingo-oophorectomy, Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gibson J. Wells, M. D.

(Address) University Hospital

35151 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35151

CERTIFICATE OF DEATH

✓ 128

1. PLACE OF DEATH Bon Secours Hosp

CITY OF BALTIMORE: (No. Baltimore Md 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lang

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1726 E 30th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word) Widowed

6a. If ~~married, widowed, or divorced~~ WIFE of (or) WIFE of Joseph Lang

6. DATE OF BIRTH (month, day, year) Jan 29th 60

7. AGE

Years	Months	Days	If LESS than 1 day hrs. or min.
77	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER'S MAIDEN NAME

13. NAME John Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary A. Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Horstkoetter

(Address) 1726 E 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1207 St Paul St

FILED May 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1937 to 5-3 1937

I last saw her alive on 5-3 1937. Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	4-28-37
Other contributory causes of importance: Hypostatic Congestion of Lungs	5-2-37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L. Kemp M. D.

(Address) Bon Secours Hosp

35152 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35152

CERTIFICATE OF DEATH ♥ 145-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Was deceased ever in U. S. Armed Forces? specify WARS No Record

2. FULL NAME Doris Cassell

(a) Residence: No. 812 N. Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13-1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Zucht Bros.
10. Date deceased last worked at this occupation (month and year) May-1936
11. Total time (years) spent in this occupation 6 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry C. Cassell
14. BIRTHPLACE (city or town) (State or country) York. Pa

MOTHER

15. MAIDEN NAME Sadie Hutchinson
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Josie Cassell
(Address) 812 Brice St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 4 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis. (Due to)	May 27-37
following Ruptured Bladder	

Other contributory causes of importance:

Child-birth (Stillborn)

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. L. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave

1936 [illegible]

S 6

35153 E 35153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Gen Hosp St. 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin Rolland

If U.S. Veteran specify WAR .....

(a) Residence: No. 3652 Hanover St., Ward Balto, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or WIFE of) Clara Rolland

7. DATE OF BIRTH (month, day, year): Jan 13-1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mfg

10. Date deceased last worked at this occupation (month and year): 4-37

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME of father: Earl Rolland

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME of mother: Cora Snyder

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Clara Rolland

(Address) 3652 Hanover St

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date 5-11-37

19. UNDERTAKER: J. J. Nolan

(Address) 3004 E Baltimore

Date 5-11-1937, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-24-37, 19..., to 5-1-37, 19..., I last saw him alive on 5-1-37, 19..., Death is said to have occurred on the date stated above, at 8:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-29-37

For what disease or injury? Thoracoplasty for pulmonary tuberculosis

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ..... (Signed) Valeria Ave & Balto Sts Hosp M. D.

(Address)

M. D. B. 1266-9

35154

F 35154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1452 Hull St. 24-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ann McHale

(a) Residence: No. 1419 Hull St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael McHale

6. DATE OF BIRTH (month, day, year) June 3rd 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME John McCabe

14. BIRTHPLACE (city or town) (State or country) Scotland.

MOTHER

15. MAIDEN NAME Catherine McDonnell

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Helen Gabrio (Daughter)
(Address) 1452 Hull St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date May 5, 1937

19. UNDERTAKER Margaret E. Flynn
(Address) 1432 Light St

20. FILED ... D. 19... ... Registrar.

4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1937, to May 2, 1937

I last saw ... alive on May 1, 1937 Death is said to have occurred on the date stated above, at 10 45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 Days
Senile Sclerosis	7 Yrs
Hypertention	7 Yrs.
Bronchio Pneumonia	2 d
Other contributory causes of importance: Chronic Interstitial Nephritis	7 Yr

Name of operation None Date of

What test confirmed diagnosis? Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos F A Stevens M. D.

(Address) 2878 Hartford Rd

F 35155 F 35155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 421 S. Augusta ave St., 20th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert W. Rollman

(a) Residence: No. 421 S. Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of [redacted] Rollman (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 7. 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Piano

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Charles Rollman

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Emma Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Frank Rollman (Brother)
(Address) 2203 Baker St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date May 5 1937

19. UNDERTAKER Margaret G. Flynn
(Address) 2102 N. Hilton St.

FILED MAY 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31 1931, to May 2 1937

I last saw him alive on May 2 1937 Death is said to have occurred on the date stated above, at 12:30 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	1937
Angina Pectoris	1936
Cardiac Decompensation	Sudden

Other contributory causes of importance: Diffused Sclerosis of Kidneys, Fatty Liver. 1931

Was an operation performed? yes Date of 1931

For what disease or injury?

Name of operation Cranial Sinus Date of 1931

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Coleman M. D.

(Address) 3432 Frederick Ave

5156

F 35156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mary Hosp. St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph F. Warrington

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Warrington

6. DATE OF BIRTH (month, day, year) Nov. 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph F. Warrington

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary E. Carey

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Bessie Bailey

(Address) 1218 James St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 5/4/37

19. UNDERTAKER [illegible]

(Address) 1217 E. Fayette St

20. FILED 5-4-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Owen B. Kellogg M. D.

(Address) 1031 E. Fayette St

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35157 CERTIFICATE OF DEATH 48 F 35157

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME Instead of street and number.)

CITY OF BALTIMORE: (No. 331 E. 21 1/2 St. St., 12-4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Marie Sewell

(a) Residence: No. 331 E. 21 1/2 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos Well Sewell

DATE OF BIRTH (month, day, year) June 29/1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11 10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Kellerman

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Annie Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Morrison

(Address) 316 E. 23rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5/4 1937

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED MAY 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13 1937 to May 1 1937

last saw h-er alive on Apr 28th 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomata uteri	Dec 1936

Other contributory causes of importance:

Anemia

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. D. Fulton M. D.

(Address) 434 E. 23rd St.

F 35158

35158 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4202 Raymar ave 26 Ward)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rachel Schaefer

(a) Residence: No. 4202 Raymar ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Schaefer

6. DATE OF BIRTH (month, day, year) Apr. 23, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Stewart

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rachel McAllister

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine Stewart
(Address) 4202 Raymar ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 4 1937

19. UNDERTAKER John. C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED 19 ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to May 3 1937

I last saw her alive on May 1 1937 Death is said to have occurred on the date stated above, at ~~May 3~~ 10 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	March 1937
Senility	20

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. S. Harding M. D.

(Address) 4810 Belair Rd

35159 E-35159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6409 Belair Road St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella E. WEBSTER

If U. S. Veteran specify WAR

(a) Residence: No. 6409 Belair Road St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James R. Webster

6. DATE OF BIRTH (month, day, year): Feb 26-1867

7. AGE: Years 70 | Months 2 | Days 4 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: AT Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year): "

11. Total time (years) spent in this occupation: "

12. BIRTHPLACE (city or town) (State or country): Port Deposit Md.

13. NAME: George Washington Connor

14. BIRTHPLACE (city or town) (State or country): Port Deposit Md.

15. MAIDEN NAME: Martha Todd

16. BIRTHPLACE (city or town) (State or country): Aberdeen Maryland.

17. INFORMANT: Dr. Albert G. Webster

(Address): 6409 Belair Road.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem. Date: May 4-37

19. UNDERTAKER: C. B. Hupfer & Son

(Address): 300 Cedar Place.

20. FILED 19 Registrar.

MAY - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1- 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937 to May 1, 1937

I last saw h[illegible] alive on April 30, 1937. Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus and Broad ligament	1934
Other contributory causes of importance: Intestinal Carcinoma of the Rectum	1936

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) 1117 Wilkens Avenue

35160 F 35160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 213 D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 9 Locust Point. St., 5-4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds. en route

2. FULL NAME Ryoichi Murase.

If U. S. Veteran specify WAR .....

(a) Residence: No. Asaka, Japan. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 14, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	32	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 5086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S Ohio Maru.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Japan.

FATHER

13. NAME Takematu Murase.

14. BIRTHPLACE (city or town) (State or country) Japan.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Japan.

17. INFORMANT Captain Shoichi Miki.

(Address) S/S Ohio Maru. Asaka, Japan.

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Place Asaka Japan London Park Date 4/4/37

19. UNDERTAKER Jos B Cook

(Address) 1003 W Fayette St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning,	
Accidental fall from a ladder while boarding ship.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5/2/37

Where did injury occur? Pier 9 Locust Point. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fall from a ladder.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

5/3/37 (Address) 1017 S. Charles St Coroner

VS 6

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35161 F 35161

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 650 Washington Blvd Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 62 yrs. mos. ds.

2. FULL NAME Mary Pletnick

(a) Residence: No. 650 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Pletnick

DATE OF BIRTH (month, day, year) July 26 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year) May 1931

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Mathew Sabitis

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Catherine — ? —

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT John C. Adams

(Address) 650 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 5 1937

19. UNDERTAKER John F. Gretkauskas

(Address) 1423 E. Baca St.

FILED MAY - 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1936 to May 3 1937.

I last saw h. alive on May 2 1937. Death is said to have occurred on the date stated above, at 3 ½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Occlusion	5-3-37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Kilian M. D.

(Address) 682 Washington Blvd

35162 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 35162

CERTIFICATE OF DEATH

✓ 122-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-3 Ward)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Albert Neal

If U. S. Veteran specify WAR .....

(a) Residence: No. 2567 McCulloh St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

6a. If married, widowed, or divorced, ~~HUSBAND~~ of ~~(or WIFE of)~~ Blanche Neal

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Dr 0023

10. Date deceased last worked at this occupation (month and year) 4/37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER FATHER

13. NAME Jas. Neal

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Dorsey

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mrs Albert Neal

(Address) 2567 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemty Date 5/5/37

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman St.

20. FILED MAY 4 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-2-37, 19..., to 5-2, 1937

I last saw h... alive on 5-2, 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	?
Hernia, Strangulated	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-2-37

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Marion H. Ellis M. D.

(Address) Mercy Hospital

35163

HEALTH DEPARTMENT—CITY OF BALTIMORE

35163

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp St. 17-3 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernard Chaney

(a) Residence: No. 714 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 2, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Gorden

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amelia Chaney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Amelia Chaney

(Address) ~~717~~ W 603 W Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 6 37 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1323 Freeman St

20. FILED MAY 6 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Surgeon (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1712 E. Monument

F 35164

35164 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

122-a

CERTIFICATE OF DEATH

25-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Cypress St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Felix Brzozowski

(a) Residence: No. 1615 Cypress St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Eva Brzozowski

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 1/2

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Brzozowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Gadomski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Felix Brzozowski

(Address) 1615 Cypress St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Sepulchre Cemetery Date 5/4/37, 1937

19. UNDERTAKER Fred J. Fleming Inc.

(Address) 1931 E. Lafayette Ave.

20. FILED ..... Registrar

5-4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937 to May 2, 1937

I last saw him alive on May 2, 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Embolism	5/2/37

Other contributory causes of importance:

Was an operation performed? Yes Date of Apr. 14-1937

For what disease or injury? Hernia

Name of operation Herniotomy Date of Apr. 1937

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leon Oblotzky M. D.

(Address) 4030 Fleming Terrace

F 35165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35165

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 N. Caroline St. 9-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Coffay

(a) Residence: No. 1312 N. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Ada Coffay

DATE OF BIRTH (month, day, year): June 4 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 yrs.	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Realty Investor

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town) (State or country): Carroll County Md.

13. NAME OF FATHER: John Coffay

14. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

15. MAIDEN NAME OF MOTHER: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs. Mary Ada Coffay

(Address) 1312 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cemetery Date May 5, 1937

19. UNDERTAKER: Edmund W. Conklin.

(Address) 922 E. Eager St.

20. FILED 5-4-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30 1937 to May 2 1937.

I last saw him alive on May 2 1937. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Not Kn
Other contributory causes of importance: Acute Gastritis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benj. D. Hayden M.D.

(Address) 1216 N. Caroline St.

M. D. F. 1268-9

F 35166

5166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1901 McCulloh St. 14-3 Ward)

Length of residence in city or town where death occurred ... yrs. life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence E. Hill

(a) Residence: No. 1901 McCulloh St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Levin H. Hill

6. DATE OF BIRTH (month, day, year) July 24 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 59	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry B. Evans.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Wahmann

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Levin H. Hill

(Address) 1901 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5/5, 37 19

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

MAY 4 - 1937 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2- 1937 to 5-2- 1937

I last saw h[illegible] alive on 5-1- 1937 Death is said to have occurred on the date stated above, at 6:55 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-2-37
Other contributory causes of importance:	
Hemiplegia	4-2-37

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Geo. E. Berger M. D.

(Address) 1510 N. Monroe St

M. D. B. 1268-9

35167

F 35167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Parkwood St. 16-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Alberta Johnson

(a) Residence: No. 4210 Parkwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christian Johnson

6. DATE OF BIRTH (month, day, year) Sept 6 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) June 37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Alvin Lawson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary C. Jones.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Christian Johnson

(Address) 4210 Parkwood

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date May 6 37

19. UNDERTAKER C. H. Miller & Son

(Address) 2334 Jefferson Ave.

20. FILED ..... 19..... [illegible]

5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to May 1 1937

I last saw h[illegible] alive on May 1 1937. Death is said to have occurred on the date stated above, at 1020 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Senile Senescence	4
Hypertension	2 Mo
Diabetes Mellitus	
Other contributory causes of importance:	
Chr Interstitial Nephritis	4 Mo

Name of operation None Date of .....

What test confirmed diagnosis: Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F A Stevens M. D.

(Address) 2878 Hartsdale Rd

F 35168

35168 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 22580--C

3-1 122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Johnson

(a) Residence: No. 2 Widenfields Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-16-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME John Cardner (?)

14. BIRTHPLACE (city or town) (State or country) North Caroline

15. MAIDEN NAME Sarah Haas

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 4 - 1937 19
Commissioner of Health

19. UNDERTAKER Per M. A. Moore
(Address)

FILED 4-1937 [illegible]

3191

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1937 to 4-24, 1937

I last saw h~~im~~ alive on 4-24, 1937 Death is said to have occurred on the date stated above, at 10 55 m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Intestinal obstruction	24 hrs.
due to volvulus	
Other contributory causes of importance:	
Uremia	1 wk.

Was an operation performed? Yes Date of 4-24-37

For what disease or injury? Intestinal obstruction

Name of operation Release of volvulus

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. Moore M. D.

(Address) Bald. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35169 — 23 F 35169

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 S. Stricker St. 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Owen W. White — If U.S. Veteran specify WAR no.

(a) Residence: No. 313 S. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. White

DATE OF BIRTH (month, day, year) Dec. 3, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Hosp.

10. Date deceased last worked at this occupation (month and year): Jan 8, 1937 — 11. Total time (years) spent in this occupation: 1 yr.

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME Owen W. White

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME Minerva J. Ritter

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT Mary E. White
(Address) 313 S. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May 5 1937

19. UNDERTAKER Mr. & Mrs. John W. Pinkett & Son
(Address) 501 W. Fayette St.

FILED 5-1937 Hunting for Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1936 to May 2 1937

I last saw him alive on May 2 1937. Death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB	Sept 1936
Other contributory causes of importance: Cardiac Decompensation	5/1/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Howard Dyer M. D.
(Address) 1 W. Mt. Vernon Pl. Balto

Spec.—2-29-28—L. F. S.—500 Bks.

✓ F 35170

35170

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. #2 S Pulaski ST., 20-4 WARD)

2—FULL NAME JOHN FORD EVANS

(a) RESIDENCE NO. #2 S Pulaski ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	WHITE	MARRIED

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of SOPHIA EVANS

DATE OF BIRTH (month, day, and year) Nov. 27 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64		5	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work CLERK

(b) General nature of industry, business, or establishment in which employed (or employer) B & O. R.R.

(c) Name of employer

BIRTHPLACE (city or town) (State or country) WASHINGTON, DC.

10 NAME OF FATHER GEORGE W. EVANS

11 BIRTHPLACE OF FATHER (city or town) (State or country) WASHINGTON, DC.

12 MAIDEN NAME OF MOTHER UNKNOWN

13 BIRTHPLACE OF MOTHER (city or town) (State or country) UNKNOWN

Informant MRS. JOHN F. EVANS

(Address) 2 S PULASKI STREET

4 Filed 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-3-37

17 I HEREBY CERTIFY, That I attended deceased from May 4 1936 to May 3 1937

that I last saw h in alive on May 3 1937

and that death occurred, on the date stated above, at 11 30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory [illegible]

(Signed) [illegible] M. D.

19 (Address) 817 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: WESTERN CEMETERY — DATE OF BURIAL: MAY 6 1937

20 UNDERTAKER: Raymond Kaufman — ADDRESS: 927 LEEDS AVE

D. B. 1368-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35171

35171

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ADA B. MOSBY

(a) Residence: No. 149 West Lanvale Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

DATE OF BIRTH (month, day, year) May 10, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton, Va.

13. NAME John S. Mosby

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Pauline Clarke

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Beverly M. Coleman, Esq.
(Address) Shoreham Building Bldg. Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Warrenton, Va. Date May 5, 1937

19. UNDERTAKER Chas. R. Graves & Son
(Address) 118 W. Mt. Royal Ave

4 FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other contributory causes of importance: Perforated Stomache. Gastric Ulcer	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O'Hara Carroll M.D.
Coroner

(Address) 1215 Hanover

H. D. B 1268-9

F 35172

35172

HEALTH DEPARTMENT—CITY OF BALTIMORE

121

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Jenkins Memorial Hospt.
CITY OF BALTIMORE: No. 1000 Caton Ave. St., 10-1 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Mrs. Bridget A. Holmes

(a) Residence: No. 712 E. Biddle St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1866

7. AGE: Years 71 yrs. | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Hubert Caulfield

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Walton

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Jenkins Memorial Hospt.
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date May 5 1937

19. UNDERTAKER: Wm. Wiedefeld
(Address) 711 Greenmount Ave

20. F[illegible] 1937 Hunting[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936 to May 3rd, 1937
I last saw her alive on May 2. 1936 Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	1926
Arteriosclerotic Cardio-Vascular Renal Disease	1931
Cardio-Vascular Failure.	2-1-37

Other contributory causes of importance:
Myocarditis
Ventral Hernia

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Louis F. Llewellyn M. D.
(Address) Jenkins Memorial Hospt

F 35173

35173 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

26-1 92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Springwood Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna A Klatte

If U.S. Veteran specify WAR ...

(a) Residence: No. 4207 Springwood Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H

7. DATE OF BIRTH (month, day, year) Oct 21 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	11	10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME James Martin

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Rhanorh Rose

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Charles H Klatte

(Address) 4207 Springwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 5 37

19. UNDERTAKER Martin F. E. Duffy Jr

(Address) 87 S Eutaw St

20. FILED 5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Interstitial

Duration of disease: Yrs. 15 Mos. 57

Other contributory causes of importance:

Acute Cardiac Dilatation 1 hr.

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Adey MD, M. D.

(Address) 888 N Eutaw, Balto

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35174

CERTIFICATE OF DEATH

Registered No. 87-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George M. Boland Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 1818 College Drive St., ... Ward. Columbia S.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carolyn Hedgpeth

DATE OF BIRTH (month, day, year) MAR 11 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk U.S.G.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.A. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

13. NAME Geo Boland

14. BIRTHPLACE (city or town) (State or country) S Car

15. MAIDEN NAME Anna Frick

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Eugene Kelly Records (Address) Mt. Pleasant S.C.

18. BURIAL, CREMATION, OR REMOVAL Place Columbia S.C. Date May 6 1937

19. UNDERTAKER John Orttenwell & Sons (Address) 1900 Eutaw Place Baltimore, Md.

20. FILED ..... Registrar.

5-4-1937 G.N.G.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937 to May 4, 1937

I last saw him alive on May 4, 1937. Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
Other contributory causes of importance: Bacterial endocarditis?	

Was an operation performed? Yes Date of April 30, 1937

For what disease or injury? .....

Name of operation Right Craniotomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city, town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Hall M. D.

(Address) Johns Hopkins Hospital

35175 F 35175

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 N. Fulton Ave. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John N. Fisher

(a) Residence: No. 1648 N. Fulton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura N. Fisher

6. DATE OF BIRTH (month, day, year) May 2 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Paul Belchner

(Address) 1307 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL Woodlawn. Date May 5, 1937

19. UNDERTAKER C. Reynolds Son

(Address) 3615 W. Baltimore Ave

20. FILED ..... 19..... Registered .....

5 - 1937 64

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to May 1, 1937

I last saw him alive on May 1, 1937. Death is said to have occurred on the date stated above, at 10 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Heiss, M. D.

(Address) 2032 E. Fort Ave.

Ex. Lillard - Falls Road ✓ F 35176

HEALTH DEPARTMENT—CITY OF BALTIMORE

35176

CERTIFICATE OF DEATH

94-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 Chestnut Ave St., 13-6 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice S. Craven

(a) Residence: No. 3330 Chestnut Ave St.; ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Craven.

6. DATE OF BIRTH (month, day, year) July 1, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76.	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME John Spurkley

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Lyston

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Alice Stansbaugh

(Address) 3641 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL Wayne Junction, Phila. Date May 6, 1937

19. UNDERTAKER Cherrow & Son

(Address) 3615 Chestnut Ave

20. FILED ..... 19 ..... Registrar.

F - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937 to May 3rd, 1937

I last saw h.. alive on May 3rd, 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	5 3/12

Other contributory causes of importance: Senility. Diabetes.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 3611 Eutaw Pl. Baltimore

Grave #18 F 35177

35177 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. Gen. Hospital 117-a Registered No.

CITY OF BALTIMORE: (No. ..... St., 11 36 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarence Reves

(a) Residence: No. Fruitland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Reves

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY MAY 4 - 1937 19

(Undertaker or Agent)

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED 19 37

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 730 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis.	
	about

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. Kann, Jr. M. D.
Coroner

(Address) 1257 Lanvale

35178 Gran #14 F 35178

35178 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH Found floating in the water

CITY OF BALTIMORE: (No. at Foot of Montgomery St. 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown. (c) If U. S. Veteran specify WAR .....

(a) Residence: No. Do not know. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY Date MAY 4 - 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per M. A. Moore

20. FILED MAY 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found April 19, 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry first that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Mary Reinhardt, M. D.
Coroner

4/28/37 (Address) 1017 S. Charles St.

V 5 6

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

5173) 48 F 35173)

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 East 41st St., 9 Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Maude Jones

(a) Residence: No. 814 East 41st St., 9 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm H Jones

7. DATE OF BIRTH (month, day, year) Dec 15 1877

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

13. NAME Sarah E Mathews

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Emma Hughes

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Kenneth E Jones

(Address) 814 East 41st Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Pa Date May 6 1937

19. UNDERTAKER J Murray Kost

(Address) Govans Md

DATE RECEIVED - 1937 Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 3, 1937

I last saw her alive on May 3, 1937. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Mar 1 1936
Generalized Carcinomatosis	?

Other contributory causes of importance:

Name of operation Pelvic Laparotomy Date of April 36

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd E. Saylor, M. D.

(Address) 3957 York Rd.

✓ F 35180

35180 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 St Paul St. 12-6 Ward)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Eugene Bishop

(a) Residence: No. 2836 St Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of / WIFE of) Howard G. Bishop

6. DATE OF BIRTH (month, day, year) July 24-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Wm A. Applewhaite

14. BIRTHPLACE (city or town) (State or country) Norfolk Virginia

MOTHER

15. MAIDEN NAME Mary Moulton

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Howard G. Bishop

(Address) 2836 St Paul St

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Cem. 5/5 1937

19. UNDERTAKER Henry W. Means & Son

(Address) 805 N. Eutaw St

20. FILED ..... 19 ..... Registrar.

S 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Hanging by neck Paralytic Ileus Due to or Strangulation

Duicide.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, homicide? Date of injury May 3 1937

Where did injury occur? At 2836 St Paul
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Hanging

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edgar F Ocaña M. D. Coroner

(Address) 612 W 40th St

V F 35181

35181 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. 15-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Boarman Ave St., 15-13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs Mary Flater

(a) Residence: No. 2917 Boarman Ave St., Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Flater

DATE OF BIRTH (month, day, year) Feb. 25, 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month, day, year) April 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Bonhage

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Eberly

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Son - Joseph B.
(Address) 2917 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date May 6. 1937

19. UNDERTAKER William Cook
(Address) 121 St Paul St

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 1937 to May 3 . 1937

I last saw her alive on May 3 . 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4/25/37
Chronic Glomerular Nephritis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) 1643 Harford Ave.

✓ F 35182

35182

HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1022 N. Eutaw St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roberta L. Maxwell If U.S. Veteran specify War No Record

(a) Residence: No. 1022 N. Eutaw St., Ward. to live here Charlestown S.C.
(Usual place of abode) 10 mths (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced — HUSBAND of (or) WIFE of Jesse Maxwell

DATE OF BIRTH (month, day, year) Nov 10 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Georgetown S.C.
13. NAME Robert H Spencer
14. BIRTHPLACE (city or town) (State or country) Conway S.C.
15. MAIDEN NAME Ivy Vick
16. BIRTHPLACE (city or town) (State or country) S.C.
17. INFORMANT Jesse Maxwell (Address) 1022 Eutaw Street
18. BURIAL, CREMATION, OR REMOVAL Place Charleston S.C. Date May 5 1937
19. UNDERTAKER William Cook (Address) 1211 St Paul Street
20. FILED MAY - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 3, 1937
I last saw her alive on May 3, 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	5 yrs
Other contributory causes of importance: Coronic nephritis	3 days

Was an operation performed? Any Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Pelletreau M. D.
(Address) 517 Hamilton Terr

35183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35183

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Battery Ave St. 24-3 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Collins

(a) Residence: No. 1110 Battery Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Collins

7. DATE OF BIRTH (month, day, year) Nov 11 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship yard 5040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

13. NAME William Collins

14. BIRTHPLACE (city or town) Balto (State or country) Md.

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs Emma Graham

(Address) 1110 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross A & C Date May. 5th 1937

19. UNDERTAKER Bernard E. Harle

(Address) 121 E Mt St

20. FILED MAY 5 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15 1937 to May 2 1937

I last saw h. alive on May 2 1937 Death is said to have occurred on the date stated above, at 8.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other significant conditions contributing to death but not related to principal cause given: Chronic Myocarditis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Schmuck M. D.

(Address) 1337 S. Charles St

35184 F 35184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 228 East St. 5-2 Ward)

ength of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Sampson

(a) Residence: No 228 East St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Sampson

DATE OF BIRTH (month, day, year): — 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): ne

13. NAME: Mathews Sampson

14. BIRTHPLACE (city or town) (State or country): ne

15. MAIDEN NAME: Maggie Sampson

16. BIRTHPLACE (city or town) (State or country): ne

INFORMANT: Mrs Savannah Edwards

(Address) 1111 Harlem Ave

BURIAL, CREMATION, OR REMOVAL

Place: Pleasant Rest Date: 4/5/37 19

UNDERTAKER: Geo. H. Weiland

(Address) 1631 Druid Hill Ave

Huntington Pl Chapel, Md

FILED 4-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1937 to May 2, 1937.

I last saw her alive on May 1, 1937. Death is said to have occurred on the date stated above, at 8:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Bilateral	about April 25, 1937
Other contributory causes of importance: Broncho	

(Over)

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph P. Allen M. D.

(Address) 502 Lanvale St

185 E 35185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2164 Hollins St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theresa C. Cross

(a) Residence: No. 2164 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year).

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Catherine M. Bayne

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Veronica Hottmann
(Address) 2164 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Date May 5th, 1937

19. UNDERTAKER Harry H. Nitske
(Address) 1600 Edmondson Ave.

20. FILED May 5th, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/1937

22. I HEREBY CERTIFY, That I attended deceased from 5/2/1937 to 5/3/1937

I last saw her alive on 5/3/1937. Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/3/37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. L. Schwaber M. D.

(Address) 1745 W. Fayette St.

M. D. B. 1268-9

35186 E 35186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 349-108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Penitentiary Hosp St.) 10-3 (Ward)

Length of residence in city or town where death occurred ..yrs. 3 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Lightman Brown, Jr.

(a) Residence: No. 1954 Forrest St., Ward. Germantown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 6th 1890

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
46	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germantown, Maryland

FATHER

13. NAME Lightman Brown (Dead)

14. BIRTHPLACE (city or town) (State or country) Germantown, Maryland

MOTHER

15. MAIDEN NAME Lena Mason (Dead)

16. BIRTHPLACE (city or town) (State or country) Germantown, Maryland

17. INFORMANT Lena Brother (Sister)

(Address) Germantown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Germantown Date May 7 1937

Undertaker Bond & Gaither

19. UNDERTAKER (Address) Gaithersburg, Md.

20. FILED MAY 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27th 1937 to May 4th 1937

I last saw him alive on May 4th 1937 Death is said to have occurred on the date stated above, at 8-11 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4-27-37

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John T. Aubrey M. D.

(Address) Jewett Court Flats 34th & Tunstead Ave

F 35187

F 35187 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 12-2 1937 Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Samuel Krauss If U. S. Veteran specify WAR

(a) Residence: No. Baton Rouge, La. Ward. Baton Rouge, La.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year) May 1 1873

7. AGE: Years 64; Months; Days 3; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dry Goods Salesman

9. Industry or business in which work was done, as mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Simon Straubs

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Conrad Zeibelmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Max Straus
(Address) New Orleans, La.

18. BURIAL, CREMATION, OR REMOVAL
Place New Orleans, La Date May 5 1937

19. UNDERTAKER David Londkin & Son
(Address) 1902 Eutaw Place

FILED MAY - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937, to May 4, 1937

I last saw him alive on May 4, 1937. Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1933
Other contributory causes of importance: Prostatic hypertrophy	1-1-36
	over

Was an operation performed? Yes Date of 5-3-37

For what disease or injury? Prostatic hypertrophy

Name of operation Transurethral resection

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank M. Weaver M. D.

(Address) Union Memorial Hospital.

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

5188

CERTIFICATE OF DEATH

82-aF 35188

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St. 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Hackett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1226 Druid Hill Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Jerome Hackett

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Amy Carpenter

16. BIRTHPLACE (city or town) .....
(State or country) Md.

17. INFORMANT Ed. Hackett

(Address) 1226 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 5, 1937

19. UNDERTAKER James A. Adams

(Address) 1423 W. Pratt St.

20. FILED MAY 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. O. Wilson M. D.
Coroner

(Address) 2757 W. Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

35189 CERTIFICATE OF DEATH 82460 JS 35189

5-3 35-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Watson If U. S. Veteran specify WAR

(a) Residence: No. 275 N. Exeter St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-24-10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jackson Mosley

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Martha Bowley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date May 6 1937

19. UNDERTAKER James Addison
(Address) 1742 Wolfe

20. FILED 5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1937 to 5-3 1937

I last saw her alive on 5-3 1937 Death is said to have occurred on the date stated above, at 5.35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma inguinale (ulcerated) & rectal stricture	6 yrs.
Other contributory causes of importance: Ascites	2 yrs.

Was an operation performed? yes Date of 4-15-37

For what disease or injury? same

Name of operation Colostomy

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Hoover M. D.

(Address) Balt. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35190 — 82-a — F 35190

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2923 N. Calvert St.; 12-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John Louis Martin.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2923 N. Calvert St.; ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie C. Martin

7. DATE OF BIRTH (month, day, year) Dec. 2, 1859

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	77	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation. 11

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME of Father James Luther Martin

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME of Mother Sarah Jane Mayfield

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. J. Elmer Martin
(Address) 2923 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date May 5 1937

19. UNDERTAKER Wm. Tucker Sons.
(Address) Retired & Pa Ave.

20. FILED MAY 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2 1937 to May 3 1937

I last saw him alive on May 3 1937 Death is said to have occurred on the date stated above, at 9.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris Sclerosis	Unknown
with Hypertension	
Other contributory causes of importance: Cerebral Hemorrhage	5/2/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Edwin A. Goodbrow M. D.

(Address) 7923 N. Point St.

35191 F 35191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No.....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore St., 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Leslie W. Hubbell

(a) Residence: No. 1700 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Emerick

7. DATE OF BIRTH (month, day, year) May 16, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statistical clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk
(State or country) Va.

13. NAME Edward Hubbell

14. BIRTHPLACE (city or town) Norfolk
(State or country) Va.

15. MAIDEN NAME Jessie ?

16. BIRTHPLACE (city or town) Norfolk
(State or country) Va.

17. INFORMANT Accords, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

(Place) Woodland Cem Date May 7 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

20. FILED May 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1- 37, 19.. to May 37, 19..

I last saw him alive on May 1, 19.. Death is said to have occurred on the date stated above, at 10:.. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, glomerular	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) O. L. Lawrence M. D.

(Address) U.S. Marine Hospital

JUN 5 1937

35192 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35192

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. UNION MEMORIAL Hosp'y-3 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ROBERT EUGENE FISHER — If U. S. Veteran specify WAR

(a) Residence: No. 424 S. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 19 1936

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	14	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Orville Fisher

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mildred Jenkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Orville Fisher
(Address) 424 S. Stricker

18. BURIAL, CREMATION, OR REMOVAL Edgewood Cem 5/6 37

19. UNDERTAKER Lenox A. Fuller
(Address) Fuller & Zapp

20. FILED 5-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4/1937

22. I HEREBY CERTIFY, That I attended deceased from 4/27/1937 to 5/4/1937

I last saw him alive on 5/4/1937. Death is said to have occurred on the date stated above, at 12.57 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Rt. Lower lobe	

Other contributory causes of importance:

acute Suppurative otitis media	(4/27/37
Mastoiditis	

Was an operation performed? Yes Date of 5/2/37

For what disease or injury? otitis media

Name of operation Myringotomy

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Gazett Ruark M. D.

(Address) Union Memorial Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35193 23054 35193

CERTIFICATE OF DEATH

99

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mathilda Weinhold

(a) Residence: No. 830 S. Hanover St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of August (D)

7. DATE OF BIRTH (month, day, year) 6-24-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Gottlib Timm (D)

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hannah (D)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hosps

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Holy Redeemer Date 5/7 1937

19. UNDERTAKER Edward Lawson

(Address) 2339 Washington Blvd

20. FILED MAY 5 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-26 1937 to 5-4 1937

I last saw her alive on 5-4 1937 Death is said to have occurred on the date stated above, at 6 55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized atherosclerosis ?	
Other contributory causes of importance:	
Thrombosis ulcer	2 wks
vessels-	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35194

CERTIFICATE OF DEATH

35194

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6416 Fairdel Ave Ward 27-5) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Rosa May Hamilton

(a) Residence: No. 6416 Fairdel Ave Ward 27

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~divorced~~ (or) ~~HUSBAND~~ WIFE of George T. Hamilton

DATE OF BIRTH (month, day, year) Sept 24th 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Tunis Mills Md

13. NAME John Schnaitman

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

15. MAIDEN NAME Augusta Straugh

16. BIRTHPLACE (city or town) (State or country) Tunis Mills Md

INFORMANT John T. Hamilton

(Address) 6416 Fairdel Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 5th 1937

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAY 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/1 1937 to 5/3 1937

I last saw her alive on 5/3 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration
a. Apoplexy	2 Days
Hemiplegia	
b.	
c.	
d.	

Other contributory causes of importance Heart Hypertension Complicated by Pneumonia of Lungs

Was an operation performed? No Date of

For what disease or injury? No

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Theodore F. Cronin M. D.

5/4 37 (Address) 1621 Eutaw Pl

HEALTH DEPARTMENT—CITY OF BALTIMORE

35195 — CERTIFICATE OF DEATH — √25 F 35195

35195

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1 – 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Bertha Underwood

(a) Residence: No. 2822 O'Donnell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug. 26 - 1936

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Wm. J. Underwood

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Alice Musch

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Alice Underwood

(Address) 2822 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date May 6 1937

19. UNDERTAKER George W. Zickler & Eleazer Sts

(Address) 1737 E.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to May 4 1937

I last saw her alive on May 4 1937. Death is said to have occurred on the date stated above, at 1:20 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3 days
Generalized Tuberculosis of Intestines ?	

Other contributory causes of importance:

—

Was an operation performed? Yes Date of May 3. 37

For what disease or injury? Intestinal Obstruction

Name of operation Laparotomy

What test confirmed diagnosis? Obstruction Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ^ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury: -

Nature of Injury: -

Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Burg. H. Draper, M. D.

(Address) St. Joseph's Hosp.

MAY 5 - 1937 Huntington Ave. Station, Md.

5196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186a F 35196

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital) St., (Ward)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Vaupel

If U. S. Veteran specify WAR .....

(a) Residence: No. 919 S. Curley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara

6. DATE OF BIRTH (month, day, year) Dec 23 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Box Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Eyster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Barbara Vaupel

(Address) 919 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem Date May 7 1937

19. UNDERTAKER George W. Gribler

(Address) 1737 E. Eager St.

MAY 5 - 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest found that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture & dislocation of the cervical vertebra	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or Accident Date of injury May 1 1937

Where did injury occur? Ballard St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury Fall down stairs

Nature of injury Fractured Cervical Vertebra

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright M. D.

Coroner

(Address) 1016 S. Ellwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

197 F 35197

51-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1837 Bolton St. 14-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 11 mos. 9 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Thomas Edward Godwin — If U. S. Veteran specify WAR NONE

(a) Residence: No. 1837 Bolton St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lucretia T. Godwin
7. DATE OF BIRTH (month, day, year): May-25-1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	81	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mfrs Agent & Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1935
11. Total time (years) spent in this occupation: 70 yrs
12. BIRTHPLACE (city or town) (State or country): Balto. Md.
13. NAME: George Godwin
14. BIRTHPLACE (city or town) (State or country): Balto. Md.
15. MAIDEN NAME: Sarah Brown
16. BIRTHPLACE (city or town) (State or country): Balto. Md.
17. INFORMANT: Mrs Lucretia T. Godwin (wife)
(Address) 1837 Bolton St
18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date May 6 1937
19. UNDERTAKER: Stewart & Co.
(Address) 108 W. Mt. Ave.
20. FILED ... 19... [illegible] Registrar, M.D.

MAY 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931 to May 4th 1937
I last saw h[illegible] alive on May 4th 1937 Death is said to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder & metastasis	
Other contributory causes of importance:	

Was an operation performed? yes Date of Exploratory
For what disease or injury? Carcinoma bladder
Name of operation exploratory operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) [illegible] M. D.
(Address) 314 W Mt. Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

5198 ✓ 137 F 35198

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1400 W Lexington St 14-2 Registered No.

CITY OF BALTIMORE: (No. Aged Womens & Aged Mens Home St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Elizabeth J. Shrote

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 2, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
87	9	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 807

10. Date deceased last worked at this occupation (month and year) Dec. 21, 1925

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Balti ore Maryland

13. NAME John Shrote.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sarah Ann Sanders

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Aged Women's and Aged Men's Homes
(Address) 1404 W. Lexington Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date May 5 1937

19. UNDERTAKER Keehner's Funeral Home
(Address) 2301 Edmondson Avenue

20. FILED 5-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4/37

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937 to May 4, 1937

I last saw her alive on 5/4/37 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	
Other contributory causes of importance: Arteriosclerosis Nephritis Chronic	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B. Jones M.D.

(Address) 1115 St. Paul St, C.S.

Spec.—9-30—A. & Co.—250 Bks.

✓ F 35199

35199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE (No. 809 N. Chester St. ST. 1-3 WARD)

2 FULL NAME Baby boy Buchanan

(a) RESIDENCE NO. 809 N. Chester St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	White	infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 30, 1937

7 AGE	Years	Months	Days	If LESS than 1 day, Hrs. or Min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Wm. John Buchanan

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Zelma Eliz. Wilson

13 BIRTHPLACE OF MOTHER (city or town) Indiana

(State or country) Penna.

14 Informant

(Address)

15 FILED - 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30.1937

17

I HEREBY CERTIFY, That I attended deceased from April 30, 1937, to April 30, 1937

that I last saw h im alive on April 30, 1937

and that death occurred, on the date stated above, at 4:10 P m.

The CAUSE OF DEATH* was as follows:

premature baby

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) [illegible] M. D.

Apr. 30, 1937 (Address) 2214 E. Fayette St.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: U. of M. Med. School

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

35200

F 35200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Hanneman ave St., 8-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Norman Benny

(a) Residence: No. 2231 Hanneman ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Benny

DATE OF BIRTH (month, day, year) July 30 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	11	1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith (Helper)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Centerville Md

13. NAME Joseph Benny

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Benny

(Address) 2231 Hannemann ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cemetery Date May 6 1937

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27 1937 to April 30 1937

I last saw h[illegible] alive on April 30 1937 Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance: Pulmonary Hemorrhage	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Victor Goldberg M. D.

(Address) 1524 N Patterson Park Ave

E 35201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 24

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Brown

If U. S. Veteran specify WAR ...

(a) Residence: No. 312 S Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/17/27

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Leroy Brown

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Ella Mary Marlin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date May 6th 1937

19. UNDERTAKER LeRoy L. Hudgins

(Address) 6209 Harford Rd.

20. FILED ... 19...

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1937 to Apr 30 1937

I last saw her alive on Apr 30 1937 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	April 37
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Spinal Fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) John A Crumpton M. D.

(Address) Johns Hopkins Hospital

E 35202

35202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. 2-3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Brocki

If U. S. Veteran specify WAR

(a) Residence: No. 1608 Shakespeare st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 28-1936

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank Brocki

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Ruth Horst

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frank Brocki.

(Address) 1608 Shakespeare st.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date May 6th 1937

19. UNDERTAKER Siegel A. Weber

(Address) 705 S. Conn st.

20. FILED ... 19... Registrar.

5-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5-3-37 . 19... to 5-6-37 . 19...

I last saw him alive on 5-4-37 . 19... Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia - bilateral	5-1-37
Otitis media - left	
acute toxic myocarditis	

Other contributory causes of importance:

None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herbert Ehrmann . M. D.

(Address) Sinai Hosp.

Spec.—1-10-21—M&T—1500 Blks.

35203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35203

107-a

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2310 Cambridge St ST., 1-4 WARD)

2-FULL NAME Pauline Strozykowski

(a) RESIDENCE NO. 2310 Cambridge St ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 00 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Anthony Strozykowski

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE: Years 67 | Months | Days | If LESS than 1 day, ...hrs or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 0037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: John Dziadoszek

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Ladwiga ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Stanislawa Kopczynski
(Address) 2310 Cambridge St

15 Filed ... 6-1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5 1937

17 I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to May 5, 1937.

that I last saw her alive on May 4, 1937.

and that death occurred, on the date stated above, at 350 A m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos 11 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Joseph Pokorny M. D.

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem.

DATE OF BURIAL: May 8 1937

20 UNDERTAKER: George J Weber

ADDRESS: 705 S Ann

HEALTH DEPARTMENT—CITY OF BALTIMORE

35204 ✓ F 35204

35204 53 E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Schaefer

(a) Residence: No. 1209 N. Patterson Pk. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Reinhard Schafer

DATE OF BIRTH (month, day, year) Sept. 18 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Falk

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta Blankenhagen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Reinhard Schaefer

(Address) 1209 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date May 7. 37

19. UNDERTAKER J. Heuisler Son

(Address) 32 S. Broadway

MAY 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to May 4, 1937

I last saw h.er alive on May 4, 1937 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Tibia	6 mo
Metastases to chest	3 mo

Other contributory causes of importance:

Was an operation performed? yes Date of Nov. 1936

For what disease or injury? Sarcoma

Name of operation amputation of leg

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Irwin Samber, M. D.

(Address) Sinai Hospital

5205 F 35205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3010 Auchentoroly Terrace (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lazarus Silbert

(a) Residence: No. 3010 Auchentoroly St. Terrace Apt.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Silbert

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Macy Silbert

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Miss Marcella (Address) 3010 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL Southern Ave. 5/6/37 19

19. UNDERTAKER Jos. Lewis Inc. (Address) 1139-67 Eutaw St.

20. FILED 19 Registrar.

5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6-37. 19

22. I HEREBY CERTIFY, That I attended deceased from April 30 19 37 to May 6 19 37

I last saw him alive on May 4 19 . Death is said to have occurred on the date stated above, at 12.10 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance: Cardiac Dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Specify

(Signed) Maurice Silbert M. D.

(Address) 7726 Eastern Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35206

35206

CERTIFICATE OF DEATH

94-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 9-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August F. Fohrefer

(a) Residence: No. 1720 Abbottston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna B. Fohrefer

6. DATE OF BIRTH (month, day, year) June 10, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Md

MOTHER FATHER

13. NAME Richard Fohrefer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Lemke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna B. Fohrefer
(Address) 1720 Abbottston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date May 7, 1937

19. UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lanvale St.

20. FILED 19 Registrar.

S 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Mhenley, M. D.
Coroner

(Address) 1914 E. North Ave.

35262. F 35207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Stone

If U. S. Veteran specify WAR ...

(a) Residence: No. 104 - 7th Ave. St., ... Ward. Brunswick Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) ? ? ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	17 5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) ? ? ?

13. NAME Johnston Stone

14. BIRTHPLACE (city or town) (State or country) ? ?

15. MAIDEN NAME Mae ? ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Records, JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rockhill Cemetery Date May 5 19 37

19. UNDERTAKER E. Eckhardt & Son Frederick Md. (Address)

20. FILED ... 19 ... Registrar

1937 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from March 29 , 1937 to May 4 , 1937

I last saw h.. alive on May 4 , 1937 Death is said to have occurred on the date stated above, at 7 10 a.m.

The principal cause of death and related causes of importance were as follows:

Imperforate anus + recto-vaginal fistula
Intestinal obstruction

Date of onset: Birth about 4-15-37.

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/23/37

For what disease or injury? Imperforate anus + abd. distention

Name of operation Colostomy

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Wm. C. Stiffler, Jr. M. D.

(Address) Johns Hopkins Hospital

35208 ✓ E 35208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 Holbrook St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Anna Cecilia Andrathy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1400 Holbrook St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) June 4-1904

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
32	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailshanty 0067

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brassere Factory

10. Date deceased last worked at this occupation (month and year) 4/7/37

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Balto, City Md

13. NAME John J Andrathy

14. BIRTHPLACE (city or town) (State or country) Balto, City Md.

15. MAIDEN NAME Catherine Trier

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Catherine Andrathy

(Address) 1400 Holbrook

18. BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date May 8, 1937

19. UNDERTAKER Edward W. Conklin - Son

(Address) 124 E Eager St.

6-1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937 to May 4, 1937

I last saw her alive on May 4, 1937 Death is said to have occurred on the date stated above, at 11-15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Exhaustion	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Luigi D Di Stefano M. D.

(Address) 1407 S. Exeter St

E 35209

52091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Gilmore Goldinger

If U. S. Veteran specify WAR no

(a) Residence: No. 1627 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	00	00	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector 1936

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Transit Co.

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Armstrong County Penn.

13. NAME George W. Goldinger

14. BIRTHPLACE (city or town) (State or country) Penn

15. MAIDEN NAME Sarah Jane Bethune

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Vernon H. Goldinger

(Address) Lebanon, Mississippi

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 5/6/37

19. UNDERTAKER George [illegible] Inc

(Address) 1715 Hanford Ave

20. FILED [illegible] Registrar.

MAY - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937 to May 4, 1937

I last saw him alive on May 4, 1937. Death is said to have occurred on the date stated above, at 5 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach	
Metastases to the liver	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard H. Hembrough M. D.

(Address) Mercy Hospital

F 35210

35210 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2332 Riggs Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank E. McAllister Jr

If U.S. Veteran specify WAR ... No Record

(a) Residence: No. 2332 Riggs Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Marion McAllister

DATE OF BIRTH (month, day, year) Nov 20th 1908

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dec

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frank E. McAllister Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Marion

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elsie G. Knapp

(Address) 2202 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date May 6 1937

19. UNDERTAKER Fellows Cook

(Address) 1219 St Paul St

MAY 6 - 1937 Registrar Washington Metropolitan, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to May 3 1937

I last saw him alive on May 3 1937 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yr.
Other contributory causes of importance: Streptococcus Empyema	3 Days

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) W. C. Hoenk Jr M. D.

(Address) 1429 W Mt Ave

35211 F 35211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME George Gilgrist

(a) Residence: No. 2731 Parkwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: 45 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Greece

PARENTS

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Greece

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Greece

17. INFORMANT: Mary Tsoukalas

(Address) Fresh Launch Room

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date May 6, 1937

19. UNDERTAKER: J. Francis Reese

(Address) Westminster Md.

20. FILED: 5-6-1937 Lester Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hayes Kramer Coroner M. D.

(Address) 124 Monument

35212

HEALTH DEPARTMENT—CITY OF BALTIMORE

35212

CERTIFICATE OF DEATH

53-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Matilda Strauss

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2900 Wyman Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Conrad A Strauss

7. DATE OF BIRTH (month, day, year) June 28 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Helena Winkler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Chas H. Byck

(Address) 2900 Wyman Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 8th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 6-1937 Harrington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10 1937 to May 5 1937

I last saw her alive on 5-5 1937. Death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
osteogenic sarcoma of left femur	unknown
Other contributory causes of importance: Pulmonary Infarct	4-2-37

Was an operation performed? Yes Date of April 19, 1937

For what disease or injury? Osteogenic sarcoma

Name of operation Exploratory osteotomy

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Dunnigan M. D.

(Address) Mercy Hospital

35213 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35213

CERTIFICATE OF DEATH ✓ 95-B 23078 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 27-18 Ward) Lif.

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR No Record

2. FULL NAME McIlvaney, Ida.

(a) Residence: No. 5317 Beaufort Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James McIlvaney

DATE OF BIRTH (month, day, year) 1-5-1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Thomas Machen

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Eliza ? ? Grimes

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 6 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MAY 6 - 1937 Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27 1937, to May 3, 1937.

I last saw her alive on May 3, 1937. Death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-30-37
Other contributory causes of importance: Arteriosclerotic heart disease	Unknown

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) A. J. de Sanctis, M. D.

(Address) Baltimore City Hospitals

35214

HEALTH DEPARTMENT—CITY OF BALTIMORE

35214

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 W. Saratoga St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie E. Cassell

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1821 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or Divorced (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of Henry C. Cassell

DATE OF BIRTH (month, day, year) Sept 10th 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Robert A. Hutchinson

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Elizabeth Cliff

(Address) 1821 W. Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 6th 1937

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED 19 Lington Williamsport Md

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 1935 to May 4 1937

I last saw her alive on May 1 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cardiac dilatation and shock	May 4 37
Other contributory causes of importance: Chronic interstitial Nephritis and Hypertension	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Francis M.D.

(Address) 7329 Harford

over

5215 F 35215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. St. 18-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jamie Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 1027 Edmondson Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Leonard

7. DATE OF BIRTH (month, day, year): May 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: gen'l domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Santa Rosa South Carolina

MOTHER'S MAIDEN NAME

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Annie Dugal

(Address) 104 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Mt. Calvary Date 5/8 1937

19. UNDERTAKER: Herbert A. Kennedy

(Address) 518 Druid Hill Ave.

20. FILED ... 19 ... Registrar

5-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: acute Cardiac dilatation

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Mayer Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

35216

HEALTH DEPARTMENT—CITY OF BALTIMORE

35216

CERTIFICATE OF DEATH

23185 JS

✓108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Hayes

(a) Residence: No. 678 Bradley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7-7-1891 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	45	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rebecca Fisher

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL National Cem. Date 5/8 1937

19. UNDERTAKER Bernard Hemsley

(Address) 818 Druid Hill Ave.

20. FILED 5-6-1937 Ft. Eng. Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937 to May 4, 1937

I last saw h[illegible] alive on May 4, 1937 Death is said to have occurred on the date stated above, at 4 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-26-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospital

spec.—1-30—M. & T.—250 Bks.

F 35217

35217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 82-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 McCulloh St. 14-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Gassaway

(a) RESIDENCE NO. 1814 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	C.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Gassaway

DATE OF BIRTH (month, day, and year) Aug. 16, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER John Gassaway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mariah Elmes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Louise L. Gassaway

(Address) 1814 McCulloh St

Filed MAY 9 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 4, 1937

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to May 4, 1937, that I last saw h alive on May 3, 1937 and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(Paralysis)

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab

(Signed) H. Mace Williams M. D.

May 6, 1937 (Address) 201 N Caren St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL May 6 1937

20 UNDERTAKER Archibald C. Gaddis

ADDRESS 1101 McCulloh

218 28565

HEALTH DEPARTMENT—CITY OF BALTIMORE

35218

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-2 St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Johnson

(a) Residence: No. 1120 Brevard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	separated

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/24/13

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	7	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) S. C.

12. NAME Andrew Watson

13. BIRTHPLACE (city or town) (State or country) S. C.

14. MAIDEN NAME Mattie Gladden

15. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Ft. Calhoun Cty Date May 6 1937

UNDERTAKER Rutherford & Gaddis
(Address) 2101 McCulloh St.

FILED MAY 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 30 1937 to May 4 1937

I last saw her alive on May 4, 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	4-20-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Mitchell Grattwick M. D.

(Address) Johns Hopkins Hospital

35219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35219

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 N. Monroe St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Doris Rae Jones

(a) Residence: No. 252 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ****

DATE OF BIRTH (month, day, year) June 23, 1908

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerck 059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co.

10. Date deceased last worked at this occupation (month and year) Nov. 1936

11. Total time (years) spent in this occupation 6 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Clarence E. Jones

14. BIRTHPLACE (city or town) (State or country) Madison Md.

15. MAIDEN NAME Mary Ellen Buck

16. BIRTHPLACE (city or town) (State or country) Phila. Penna.

17. INFORMANT Clarence Jones

(Address) 252 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 8, 1937

19. UNDERTAKER Robert S. Little

(Address) 2700 Edmondson Ave.

20. FILED MAY 9 1937 E. Eugene Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936 to May 5, 1937

I last saw her alive on May 5, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Kurpe M. D.

(Address) 3030 Edmondson Ave.

F 35220

35220 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3033 Keswick Road) (Ward) 43-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence M. Fair

(a) Residence: No. 3033 Keswick Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Milton S. Fair

7. DATE OF BIRTH (month, day, year) Jan 28, 1879.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John Baker

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Agnes M. Bungle.

16. BIRTHPLACE (city or town) (State or country) Kentucky.

17. INFORMANT Milton S. Fair

(Address) 3033 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date May 8. 1937

19. UNDERTAKER E. Brown & Son.

(Address) 3615-17 Edmondson Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1937 to May 5 1937

I last saw h[illegible] alive on May 5 1937 Death is said to have occurred on the date stated above, at 2-25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	
Diabetes	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Pearce M. D.

(Address) 2105 Eutaw st

35221 E 35221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 75

CITY OF BALTIMORE: (No.) Pronounced Dead at Union Memorial Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.) 12 W 27 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Antony A Yeagers — If U. S. Veteran specify WAR

(a) Residence: No. 10 Adams St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Christopher A. Yeager

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Hoover

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Florence Emily

(Address) 2414 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

St Pauls Hampden Date May 6, 1937

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Eastern Ave

FILED MAY 6 - 1937 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) About May 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw A Evans Coroner, M. D.

(Address) 612 N Eutaw

Callievaius H.Bader

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35222

CERTIFICATE OF DEATH

49-aF 35222

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil Apts. Eutaw Pl. 11-4 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Callievaius H. Bader

If U. S. Veteran specify WAR

(a) Residence: No. Cecil Apts.Eutaw Place St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Bader

7. DATE OF BIRTH (month, day, year) Dec.12,1860

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
76	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME John H. Hilliard Haynes

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Sarah Lee

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Travis B.Schultz

(Address) Cecil Apt.Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place McGaheysville,Va., May6, 37

19. UNDERTAKER Nelson Mitchell Sons

(Address) 1900 Eutaw Place

FILED 1937 Eugene Feldmann, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1937 to May 5 1937

I last saw her alive on May 3 1937 Death is said to have occurred on the date stated above, at 10.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of ovary	
Other contributory causes of importance: Intestinal Obstruction.	

Was an operation performed? yes Date of 1934

For what disease or injury? Cancer.

Name of operation Hysterectomy etc.

What test confirmed diagnosis? Section Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury....., 19.....

Where did Injury occur?.....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul H. Clough M. D.

(Address) 24 E Eager St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 F 35223

F 35223

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St. 3-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Mercole

(a) Residence: No. 906 - Fawn St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 27, 1936

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Arthur Mercole

14. BIRTHPLACE (city or town) (State or country) Rhode Island

15. MAIDEN NAME Rose Bocca

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date May 6 1937

19. UNDERTAKER Frank Teller Home

(Address) 52 N. Mar[illegible] Huntington Ave. Baltimore, Md.

FILED 6 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to May 4, 1937

I last saw h[illegible] alive on May 4, 1937 Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Varicella	4/17/37
diarrhea and Enteritis	4/22/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Kelman, M. D.

(Address) Lyndenhurst Hospital

Butler

HEALTH DEPARTMENT—CITY OF BALTIMORE

35224

CERTIFICATE OF DEATH

23 F 35224

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731, School) St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jerry Butler

(a) Residence: No. 731 School St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 23 - 1908

7. AGE: Years 28 | Months 10 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Isaac Butler Jr

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Willis Gorsuch

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Clifton Butler

(Address) 1543 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 7 37

19. UNDERTAKER: T. E. Kelson

(Address) 1302 Preston St

5-6-1937 Huntington Williams MD

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 2.45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Tuberculosis of lungs	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hamer Carver M. D.

Coroner

(Address) 1245 Hanover

S 6

8600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35225

5225 CERTIFICATE OF DEATH X V 34-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jim Giles If U. S. Veteran specify WAR

(a) Residence: No. Raspeburg - Timmps mill Rd Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Geo Giles

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Phillis Napper

16. BIRTHPLACE (city or town) (State or country) Ky

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 5/7/ 1937

UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

FILED 5-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 3 1937

I last saw him alive on May 3 1937 Death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of aorta	?
causing stenosis by obstruction.	
	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James A. Hemsley M. D.

(Address) Johns Hopkins Hospital

35226 E 35226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Good Shepherd Second Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace G. Brady

If U. S. Veteran specify WAR

(a) Residence: No. 1124 Etting Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced WIFE of Rev. C. A. Brady

7. DATE OF BIRTH (month, day, year) 10/5/1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	51	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William J. Griffin

14. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

15. MAIDEN NAME Della Chambers

16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Nellie G. Simpson

(Address) 1124 Etting Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 5/8/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 538 W. Biddle St.

20. FILED 19 Lingan Wilhelm M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/29/37, 1937, to 5/5/37, 1937

I last saw h[illegible] alive on 5/1/37, 1937 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11 days
Other contributory causes of importance:	
Carcinoma of Left Breast	1 year

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Allard P. Lefferdt M. D.

(Address) 522 N. Bond St

6-1937

F 35227 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35227

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1019 Druid Hill ave (Ward) 1-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Hall

If U.S. Veteran specify WAR .....

(a) Residence: No. 1019 Druid Hill ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Hall

DATE OF BIRTH (month, day, year) Jan. 16, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blind 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md

13. NAME Paris Hall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Cassie Sands

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Gertrude Hall

(Address) 1019 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 5/7/ 1937

19. UNDERTAKER Francis A Hemsley

(Address) 578 W. Biddle St

20. FILED 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to May 4 1937

I last saw him alive on May 4 1937 Death is said to have occurred on the date stated above at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Uraemia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H H Grompers M. D.

(Address) 501 W Lombard St

35228 F 35228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3027 W. Harrison Ave St., 27-47 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Riebel
If U. S. Veteran specify WAR

(a) Residence: No. 3027 W. Harrison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White.
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Rothe Riebel

6. DATE OF BIRTH (month, day, year): May 3, 1860

7. AGE: Years 77 | Months 0 | Days 1 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Signalman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B. & O. R.R.
10. Date deceased last worked at this occupation (month and year): 1927
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany
13. NAME: Nicholas Riebel
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany
17. INFORMANT: Miss Louise K. Riebel
(Address): 3027 W. Harrison Ave
18. BURIAL, CREMATION, OR REMOVAL: Mt. Carmel Cem. May 6 1937
Place
19. UNDERTAKER: Wm. J. Rieker Sons
(Address): Wood & Pa Aves.
Filed: Lexington Building

MAY 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18 1937 to May 4 1937

I last saw h[illegible] alive on May 2 1937 Death is said to have occurred on the date stated above, at 9:05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia of Stomach	1936
Other contributory causes of importance: None	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so specify

(Signed) Leo W. Kemmeter M. D.
(Address) 3402 Harrison Blvd

35229 E 35229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. V 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 4ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles H. Sayres

(a) Residence: No. 23 Second ave.; Sandtown, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: WIFE of Florence Sayres

DATE OF BIRTH (month, day, year) May 10, 1869

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68 years	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B. & P. Tel. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Sayres

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Harriet Connelly

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs. Florence Sayres.

(Address) 23 2nd Ave. Sandtown

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 8, 1937

19. UNDERTAKER John J. Gregory

(Address) 715 Eighth

20. FILED May 8, 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 3, 1937

I last saw him alive on May 3, 1937. Death is said to have occurred on the date stated above, at 11:25 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Other contributory causes of importance: Pyelonephritis	
Hernia - Terminal	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ...19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) E. J. Cornbrooks Jr. M. D.

(Address) Uniontown Maryland

F 35230 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35230

CERTIFICATE OF DEATH

✓ 158

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Leslie Fleisman

If U. S. Veteran specify WAR .....

(a) Residence: No. 210 Forrestmen St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 23 1937

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Leslie Fleisman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ethel Wolf

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md. May 7 1937. 19

19. UNDERTAKER Jos. Kahn Son
(Address) 1432 E. Baltimore

MAY 6 - 1937 Registrar. Clifton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1937 to May 6, 1937

I last saw him alive on May 5, 1937 Death is said to have occurred on the date stated above, at 12 02 A.m.

The principal cause of death and related causes of importance were as follows: —

	Date of onset
Malnutrition (Marasmus).	Feb. 37
	Mar
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Grafton Hersperger, M. D.

(Address) Mercy Hospital

F 35231

HEALTH DEPARTMENT—CITY OF BALTIMORE

35231

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 514 Bond St. 17-2 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary (Smith) Oram

(a) Residence: No. 514 Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Oram

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

13. NAME OF FATHER William Boone

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

15. MAIDEN NAME OF MOTHER Susan Brooke

16. BIRTHPLACE (city or town) (State or country) Calvert Md

INFORMANT Mary Lockley (niece)

(Address) 514 Bond St.

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date May 7, 1937

UNDERTAKER Mrs Katie R. Williams

(Address) 1 Schroeder St

FILED MAY 8 - 1937 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 5, 1937

I last saw her alive on May 3, 1937 Death is said to have occurred on the date stated above at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hemorrhage	May 1, 1937
	5/1/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) [illegible] M. D.

(Address) 1737 Bond St

F 35232

35232 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-c

CERTIFICATE OF DEATH

Registered No. 19-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1505 Edmondson Ave. St. ..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward White
If U.S. Veteran specify WAR ....

(a) Residence: No. 1505 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Jennie White

DATE OF BIRTH (month, day, year) - - 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Norfolk Co Va

13. NAME Edward White

14. BIRTHPLACE (city or town) (State or country) Hertford Co N.C.

15. MAIDEN NAME Mary Lassiter

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Edward White
(Address) 1518 Harrison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date May 7, 1937

19. UNDERTAKER Mrs Nellie R. Williams
(Address) 223 N Schroeder St.

MAY 6 - 1937

Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937 to May 4, 1937
I last saw him alive on May 4, 1937. Death is said to have occurred on the date stated above, at 10.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	
Dilatation	
Chr. Myocarditis	

Other contributory causes of importance: Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Reg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. F. Howell M. D.
(Address) 1518 Harrison Ave

21041

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35233

F 35233

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 15-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Hall

(a) Residence: No. 1425 N. Mount St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 10-14-1910

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Va.
(State or country)

13. NAME Mansfield

14. BIRTHPLACE (city or town) Va.
(State or country)

15. MAIDEN NAME Ada Chapel

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Sal. Date 5/6/37

19. UNDERTAKER Fleury & Wilson
(Address) 1000 Rhandley Ave.

20. FILED ..... 19.... Registrar.

MAY 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1937 to 5-5, 1937

I last saw him alive on 5-5, 1937 Death is said to have occurred on the date stated above, at 5:30 P. M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lumbar spine and Pneumonia

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) W. Hoover M. D.

(Address) Balt. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35234

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1112 Argyle Av St., 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(Emmaline)

Length of residence in city or town where death occurred 1yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Brown

(a) Residence: No. 1112 Argyle Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Euston Brown

DATE OF BIRTH (month, day, year) Oct 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Middleton Miles

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

15. MAIDEN NAME Martha Jane ——

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

INFORMANT Mildred Jefferson

(Address) 1112 Argyle Av

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 6, 1937

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED May 6 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/14, 1937 to 5-3, 1937

I last saw her alive on 5-2, 1937 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Compound fracture rt fibula	10/12/36
Other contributory causes of importance:	
chronic interstitial Nephritis	?
arterio-sclerosis	?

Was an operation performed? yes Date of 10/12/36

For what disease or injury? Comp. fracture (rt. fibula)

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10-12, 1936.

Where did injury occur? 1112 Argyle Ave Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairway

Nature of injury Comp. fracture rt. fibula Oct 12-36

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Rayner Thomas D.

(Address) 1500 E. Madison St

19357 28

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35235 F 35235

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-e Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary S. Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1111 Madison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Braxton (Deceased)

6. DATE OF BIRTH (month, day, year) 7-2-~~1859~~ 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 ~~77~~	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Anderson Linden (Deceased)

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Betty Moody (Deceased)

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mem Pk Date 5/6/37 19

19. UNDERTAKER Mrs. Geo. H. Harwood
(Address) 1631 Edmondson Ave

MAY 6 - 1937 [illegible], Md.

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1936 to May 5, 1937.

I last saw her alive on May 5, 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-29-37
Other contributory causes of importance: Arteriosclerotic heart disease	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wade Shutte M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

5236 — 35236 F. 35236

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 27-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Boy Kirby

If U. S. Veteran specify WAR .....

(a) Residence: No. 3210 Rosalie Ave. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-3-37

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles Kirby

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Heckel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date May 6 1937

19. UNDERTAKER Monroe Dyer
(Address) 1600 W. North Ave

20. FILED ..... 19..... .....Registrar.

MAY 6 - 1937 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1937 to 5-4 1937

I last saw h[illegible] alive on 5-4 1937 Death is said to have occurred on the date stated above, at 7:48 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If [illegible]

(Signed) Paul Kadan M. D.

(Address) Baltimore City Hosp

H. D. B. 1268-9

35237 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35237

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2003 Cedley St., 25th Ward) 3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley L. Hann

(a) Residence: No. 2003 Cedley St., 25th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 27, 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Chas. H Hann

14. BIRTHPLACE (city or town) (State or country) Millville NJ

15. MAIDEN NAME Frances Kaufman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Frances Hann

(Address) 2003 Cedley St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Cem Date May 8 37

19. UNDERTAKER Morris Cyler

(Address) 1600 W. North Ave

LE MAY 6 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 May 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937 to May 6, 1937

I last saw h alive on May 5, 1937 Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	3 May 37
	own

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Hammond Hunter M.D.

(Address) 2910 Hollins Ferry Rd

35238 E 35238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hosp 19-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Nathaniel Townes

(a) Residence: No. 318 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-2-36

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Harold Townes
14. BIRTHPLACE (city or town) (State or country) Macon N. C.
15. MAIDEN NAME Rebecca Harris
16. BIRTHPLACE (city or town) (State or country) Charles City Va
17. INFORMANT Father
(Address) 318 N. Stricker St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lebanon Cemetery Date May 6 1937
19. UNDERTAKER Yates & Williams
(Address) 327 N Schroeder St
20. FILED MAY 6 - 1937 Lucy Thomas Williams M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5-5-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-28-, 1937 to 5-5-, 1937
I last saw him alive on 5-5-, 1937 Death is said to have occurred on the date stated above, at 3.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	4-27
Other contributory causes of importance:	

Was an operation performed? no Date of
For what disease or injury?
Name of operation Lumbar puncture
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lucy Thomas Williams M.D.
(Address) Sydenham Hosp

F 35239

35244 28566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joe Jackson

(a) Residence: No. 905 N Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 6-2-98

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Reynolds Johnson

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Liza ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date May 1937

19. UNDERTAKER Robt F Miller
(Address) 75-75 N Eutaw St

20. FILED 6-1937 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937 to May 1, 1937

I last saw him alive on May 1, 1937. Death is said to have occurred on the date stated above, at 7.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4/26
	over

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James H. Hundley, M. D.

(Address) Johns Hopkins Hospital

35248 E 35240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vivian Smalls

If U. S. Veteran specify WAR

(a) Residence: No. 225 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 9-7-36

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Smalls

14. BIRTHPLACE (city or town) (State or country) S Car.

15. MAIDEN NAME Clara Davis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date May 6 1937

19. UNDERTAKER Robert C Williams
(Address) 45 15 McElderry St

20. FILED 1937 E. Eyster Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937 to May 4, 1937

I last saw her alive on May 4, 1937 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis meningitis	4 17 37
Pneumococcic meningitis	5 1 37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address)

Spec—12-23-2—E.P.P.S.—400 Blks.

35241 V F 35241

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 17 West Mulberry St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George Frederick Ousley

(a) Residence No. 17 West Mulberry St., ... Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Apr. 16, 1871

7-AGE: 66 yrs. mos. 19 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Attorney-at-law
(b) General nature of industry, business, or establishment in which employed (or employer): Maryland Casualty Co.
(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country): Fairview Md

PARENTS

10-NAME OF FATHER: William Ousley

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Md.

12-MAIDEN NAME OF MOTHER: Margaret E. Brigh

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md

14- (Informant) Mrs Custaya
(Address) 17 W. Mulberry St

15- 6-1937 Interment Hollywood Md

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): May 5, 193

17- I HEREBY CERTIFY, That I attended deceased from June 2 19 20 to May 5 19 37
that I last saw him alive on May 4 19 37
and that death occurred, on the date stated above, at 5:15 P.M.
The CAUSE OF DEATH* was as follows:
Coronary Thrombosis

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Myocarditis and Angina
attack (Duration) 5 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Wm. F. Eamon M. D.
19 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Clearspring Md

DATE OF BURIAL: 5/7 19 37

20-UNDERTAKER: C. W. Kraiss

ADDRESS Hagerstown Md

5242 F 35242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Univ. Hosp 4-2

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elmer Coon

If U. S. Veteran specify WAR .....

(a) Residence: No. Laurel Md R.F.D. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Coon

6. DATE OF BIRTH (month, day, year) May 30 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME Henry Day

14. BIRTHPLACE (city or town) (State or country) N.Y.

15. MAIDEN NAME Margaret Killian

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Husband

(Address) R.F.D. Laurel Md.

18. BURIAL, CREMATION, OR REMOVAL Laurel Md. 5/7/37

Place ..... Date 19

19. UNDERTAKER H. W. White & Son Inc.

(Address) Laurel Md.

MAY 6 1937

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/4/37, 19 to 5/6/37, 19

I last saw her alive on 5/6/37, 19 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Malignant)	2/37
Other contributory causes of importance: Diabetis Mellitus	1925

Was an operation performed? Yes Date of 5/3/37

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Warren M. D.

(Address) .....

F 35243

35243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23243--CM

146-149a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. s. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Scotia Watson

(a) Residence: No. 1028 McCulloh St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Father of child Samuel Parker

6. DATE OF BIRTH (month, day, year) 3-19-1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

13. NAME Marshall Watson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place Washington D.C. Date 5/6 1937

19. UNDERTAKER Milton I. Malone
(Address) 424 N. St. N.W.

20. FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1937 to 5-4 1937

I last saw her alive on 5-4 1937 Death is said to have occurred on the date stated above, at 3.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	5-4-37
Myocardial Failure	
Circulatory Failure	
Shock	
Other contributory causes of importance: Obstructed Pre Eclampsia	

Was an operation performed? Yes Date of 5-4-37

For what disease or injury? Pre Eclampsia

Name of operation Cesarean Section

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Emil Kodaw M.D.

(Address) Baltimore City Hospitals

35244 F 35244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-A-107a

Registered No. .....

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Foster

(a) Residence: No. Hendrick MD. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

6. If married, widowed, or divorced: WIFE of Baby

7. DATE OF BIRTH (month, day, year) 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

FATHER

13. NAME James Fauster.

14. BIRTHPLACE (city or town) (State or country) Wood Ward S.C. S.C.

MOTHER

15. MAIDEN NAME Josephine Fauster

16. BIRTHPLACE (city or town) (State or country) Wood Ward S.C. S.C.

17. INFORMANT James Fauster (Address) Hendrick MD.

18. BURIAL, CREMATION, OR REMOVAL Wood Ward S.C. Date May 7th, 1937

19. UNDERTAKER Thos D Wilson (Address) 1020 Brantley Ave

1937 at Eastern Williamson, Inc.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon, and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Lues	

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schwabe, M. D.
Coroner

(Address) 1717 E. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 35245

35245

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No.) St., 16-8 Ward(s)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James L. Roemer

If U. S. Veteran specify WAR

(a) Residence: No. 632 N. Augusta Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys E. Mehrling

DATE OF BIRTH (month, day, year) October 12, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector, Naval Yd.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. employee

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry J. Roemer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Florence Durken

16. BIRTHPLACE (city or town) (State or country) Baltimor Md.

17. INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 5/7 1937

19. UNDERTAKER Harry O. Wetzke

(Address) 1401 Edmondson Ave

20. FILED 5-7-1937 Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1937 to May 6, 1937

I last saw him alive on May 4, 1937 Death is said to have occurred on the date stated above, at 12:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, glomerular	Unknown
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. E. Lawhead, M. D.

(Address) U.S. Marine Hospital

5246 — E 35246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 Mosher St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Charlotte Downs

(a) Residence: No. 1337 Mosher St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

7. DATE OF BIRTH (month, day, year) 1882

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	55	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

13. NAME Anthony Bowens

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

15. MAIDEN NAME Martha Steward

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William Downs

(Address) 1337 Mosher St

18. BURIAL, CREMATION, OR REMOVAL Date 5/8 1937

Place Mt. Auburn

19. UNDERTAKER Chas A Jackson

(Address) 916 N Fremont Ave

20. FILED ____ 19____

5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27 1937 to May 4 1937

I last saw her alive on May 4 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Cardio-Renal-Vascular — Date of onset ____

Other contributory causes of importance: ____

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) B. N. Haleka M. D.

(Address) 1717 N Fa Ave

✓ F 35247

35247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 W. Fayette St. St. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucie Blanche Greenfield.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1838 W. Fayette St., 20. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	Wh.	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr. 20. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

13. NAME Amos Hatton Greenfield.

14. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

15. MAIDEN NAME Phoebe Ann Garrett.

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

17. INFORMANT Ethridge W. Greenfield

(Address) 1838 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Chester Cemetery Date 5/8, 1937

19. UNDERTAKER Ralph H. Hailton

(Address) Allentown, Maryland

FILED 5-8-1937 Clayton White, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1937 to May 6, 1937

I last saw h[illegible] alive on May 5, 1937 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis.	3/1/37
Other contributory causes of importance: Senility.	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? exam Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Harley J. Hanna M. D.

(Address) 1822 W. Baltimore St.

E 35248

35248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Orkney Rd. St. 27-8 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella Wood Collison

(a) Residence: No. 522 Orkney Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Collison

6. DATE OF BIRTH (month, day, year) Jan. 14, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bolts County
(State or country) Md.

FATHER

13. NAME John W. Wood

14. BIRTHPLACE (city or town) Bolts County
(State or country) Md.

MOTHER

15. MAIDEN NAME Esther Deady

16. BIRTHPLACE (city or town) Bolt
(State or country) Md.

17. INFORMANT William J. Collisons
(Address) 522 Orkney Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date May - 7, 1937

19. UNDERTAKER Hynes & Sons Inc
(Address) 424 E. Preston

20. FILED - 1937 [illegible] Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/7/1937

Where did Injury occur? 522 Orkney Rd - Balto, Md.
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Home

Manner of Injury? Put gas tube in mouth

Nature of Injury? Turned on gas

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North ave.

35249 E 35249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hosp St., 9-2 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Jean Hall — If U. S. Veteran specify WAR .....

(a) Residence: No. 1254 Beechwood Rd St., ... Ward. Baltimore Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-25-35

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.
13. NAME Bernie Hall
14. BIRTHPLACE (city or town) Albemarle Co. (State or country) Va.
15. MAIDEN NAME Myrtle Harkins
16. BIRTHPLACE (city or town) Amherst Co. (State or country) Va.
17. INFORMANT Mother
(Address) 1254 Beechwood Rd.
18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Pk Date May 7 1937
19. UNDERTAKER Jos. L. Miller
(Address) 2438-40 E. Monument St
20. FILED ..... 19..... Registrar.

MAY - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-20-1937 to 5-5-1937
I last saw h as alive on 5-5-1937 Death is said to have occurred on the date stated above, at 6 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	4-15
Other contributory causes of importance: Interstitial bronchopneumonia	4-20

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Murray Webster M. D.
(Address) Sydenham Hosp.

D. P. 1468
35250

F 35250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1815 Ashburton St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Fisher Kilpatrick

No War Record

(a) Residence: No. 1935 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, ~~Married, Widowed,~~ or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of ——— (or) WIFE of ———

7. DATE OF BIRTH (month, day, year): Dec. 1858

8. AGE: Years 78 | Months 6 5 | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ———

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Minneapolis Minn

13. NAME: Samuel Kilpatrick

14. BIRTHPLACE (city or town) (State or country): Belfast Ireland

15. MAIDEN NAME: Bethy Jane Fisher

16. BIRTHPLACE (city or town) (State or country): Belfast Ireland

17. INFORMANT: Mrs. Bessie M. Miller

(Address): 1935 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery

Place New York City Date May 8th, 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

Filed ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937, to May 6, 1937

I last saw her alive on May 5, 1937. Death is said to have occurred on the date stated above, at 8.25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Bronchopneumonia	Apr. 26 '37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John W. Parsons, M. D.

(Address) Tudor Arms Apts

F 35251

35251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Presbyterian Hospital (Ward) 1-3

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Helena Jones

(a) Residence: No. 2411 Fleet St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 9 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10		25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Chas Wm Jones

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Katie Brocklander

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Mrs Katie Jones
(Address) 2411 Fleet St

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Date 5/8/37

19. UNDERTAKER J. Hemmens & Son
(Address) 32 S Broadway

20. FILED MAY 7 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10 1937 to May 4 1937

I last saw her alive on May 4 1937 Death is said to have occurred on the date stated above, at 5:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis, chronic Left with an acute exacerbation	3-10-37
Other contributory causes of importance: Cerebral Abscess	3-23-37

Was an operation performed? Yes Date of 3-14-37 3-23-37

For what disease or injury? Chronic Left Mastoiditis

Name of operation Lt. Radical Mastoidectomy Date of 3-14-37
Incision and Drainage of Cerebral Abscess 3-23-37

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) G. N. Shutt, M. D.

(Address) 1017 E. Baltimore Street

5252

HEALTH DEPARTMENT—CITY OF BALTIMORE

5252

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert Hagadorn

If U. S. Veteran specify WAR No Record

(a) Residence: No. 718 Edgewood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Zorah Swann Hagadorn

7. DATE OF BIRTH (month, day, year): July 30 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	6 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Vault Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Title Guarantee & Trust Co

10. Date deceased last worked at this occupation (month and year): 3/or/37

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): N.Y.

13. NAME Peter Hagadorn

14. BIRTHPLACE (city or town) (State or country): N.Y.

15. MAIDEN NAME Mary Post

16. BIRTHPLACE (city or town) (State or country): N.Y.

17. INFORMANT Zorah S. Hagadorn

(Address) 718 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place: Dayton Cemetery Date: May 8th 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

MAY 7 - 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to May 5, 1937

I last saw him alive on May 5, 1937 Death is said to have occurred on the date stated above, at 10 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-3-37
Dermatitis herpetiformis	3-20-37
Other contributory causes of importance:	
Hypertensive Cardio-Vascular Disease	1930

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not

(Signed) S. D. Sundon M. D.

(Address) Union Memorial Hospital

35253 F 35253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22452--2 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lacouette

If U. S. Veteran specify WAR No

(a) Residence: No. 329 E. Biddle St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Lacouette

DATE OF BIRTH (month, day, year) 10-31-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mer M Fans. Co.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) France

13. NAME Pierre

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 8th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 7 - 1937 Eugene Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937, to May 6, 1937.

I last saw him alive on May 6, 1937. Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

35254 F 35254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2914 W. North Ave 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Hunter

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2914 W. North Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Mary A. Hunter

DATE OF BIRTH (month, day, year) Jan 9th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George W. Hunter

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Virginia F. Harper

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mary A. Hunter

(Address) 2914 W. North Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Date May 8th 1937

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 5-7-1937 Washington Nottingham Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1930 to May 5 1937

I last saw him alive on May 5 1937 Death is said to have occurred on the date stated above, at 1145 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia.	

Other contributory causes of importance:

Chr. Myocarditis. Arteriosclerosis

Was an operation performed? None Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or Injury in any way related to occupation of deceased? No If so, specify.

(Signed) Geo E. Shannon M. D.

(Address) 2001 Fulton Ave.

3255

F 35255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 West Franklin St. 4-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida J Leatherman Stevens

(a) Residence: No. 1 West Franklin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Peter Stevens

7. DATE OF BIRTH (month, day, year) Aug 15 1859

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

13. NAME Joseph Burton

14. BIRTHPLACE (city or town) (State or country) Md Anne Arundel

15. MAIDEN NAME Mary Kelley

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Mrs Ida Leatherman

(Address) Leatherman Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date 5 8 1937

19. UNDERTAKER John J Mitchell & Sons

(Address) 1900 Eutaw Pl

FILED 1937 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21 1937 to May 6 1937

I last saw her alive on May 6 1937 Death is said to have occurred on the date stated above, at 9:58 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926
Pyelitis	Nov 1936
Cystitis	Dec 1936
Other contributory causes of importance:	
Secondary Anemia	Jan 1937

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas L. Ball Jr M. D.

(Address) Leatherman, Md

5256

F 35256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935 Clifton Ave. St. 15-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Charles M.Barton

If U. S. Veteran specify WAR .....

(a) Residence: No. 2935 Clifton Ave. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Dermott

7. DATE OF BIRTH (month, day, year) Oct.18,1859

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co.Md.

13. NAME James Barton

14. BIRTHPLACE (city or town) (State or country) Harford Co.Md.

15. MAIDEN NAME Susan A.Streidhoff

16. BIRTHPLACE (city or town) (State or country) Harford Co.Md.

17. INFORMANT Anna D.Barton
(Address) 2935 Clifton Ave.City

18. BURIAL, CREMATION, OR REMOVAL
Place Monkton Md.Cem Date May 8, 37

19. UNDERTAKER John O Mitchell Dir
(Address) 1900 Eutaw Place,City

20. FILED ..... 19..... Williams Registrar

- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, , 19 37

22. I HEREBY CERTIFY, That I attended deceased from 4/30/37, 19..... to 5/5/37, 19.....

I last saw h[illegible] alive on 5/5/37, 19..... Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia -	
Cardio-vascular renal disease	
Other contributory causes of importance:	
Arterio-Sclerosis	
Senility	

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C M Byrnes, M. D.

(Address) 3045 West North Ave.City

35257 F 35257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 605 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert B. Taragin

If U. S. Veteran specify WAR

(a) Residence: No. 2122 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances

DATE OF BIRTH (month, day, year) Sept 1409

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Latvia

13. NAME Mendel Taragin

14. BIRTHPLACE (city or town) (State or country) Latvia

15. MAIDEN NAME Frankel Wolf.

16. BIRTHPLACE (city or town) (State or country) Latvia

17. INFORMANT O.D. Taragin

(Address) 1119 E Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Cedar Residuale Date May 7 1937

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Baltimore St

FILED 19 Registrar.

MAY 7-1937 Herrington Wallace, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-28-37, 1937, to 5-6-37, 1937

I last saw him alive on 5-6-1937, Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	5-6-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-29-37

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) James Macaulay, M. D.

(Address)

5258 97 — 35258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X — 95-B

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Priscilla Jowell — If U. S. Veteran specify WAR .....

(a) Residence: No. 8 James Ave, Catonsville St., Ward. 6 Coun 3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph A. Jowell

DATE OF BIRTH (month, day, year) Jan 26 82

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	54	3	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Chas. Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Tyusty

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Johns Hopkins Hospital (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Star Date 5 — 8 1937

19. UNDERTAKER Frances A Hemsley (Address) 578 W Biddle St

20. FILED 1937 Huntington Pittman, M.D.

— 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13 1937 to May 3 1937

I last saw h.. alive on May 3, 1937 Death is said to have occurred on the date stated above, at 12 56 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1934
Arteriosclerosis	
Myocardial Failure	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Agnes St. Hawley M. D.

(Address) Johns Hopkins Hospital

35259 E 35259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 710 N. Curley St., 7-1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME George W. Richards

(a) Residence: No. 710 N. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence V. Richards

6. DATE OF BIRTH (month, day, year) March 7, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. R. R. Co.

10. Date deceased last worked at this occupation (month and year) May 5, 1937

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Jasper Richards

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Anna Belle Jolson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Florence V. Richards (Wife)

(Address) 710 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 8, 1937

19. UNDERTAKER A. Howard Evans

(Address) 1300 Harlem Ave. Huntington Williams, Inc.

Registrar

20. FILED MAY 7 - 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said Inquest) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Rheuban, M. D.
Coroner

(Address) 1717 E. North Ave

F 35260

F 35260 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounced dead at the St., South Baltimore General Hospital. 221

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Paula J. Johnston.

(a) Residence: No. 106 W. Lee St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Edward Johnston.
14. BIRTHPLACE (city or town) (State or country) Massachusetts.
15. MAIDEN NAME May Miller.
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT May Johnston. (mother)
(Address) 106 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bel Air Md Date May 8 1937

19. UNDERTAKER A. Raymond Bucas
(Address) 1400 Light St

20. FILED 19
MAY 7 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner . M. D.

5/6/37 (Address) 1017 S. Charles St.

Contia

HEALTH DEPARTMENT—CITY OF BALTIMORE

35261 35261

CERTIFICATE OF DEATH

23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Combe (22208)

If U. S. Veteran specify WAR

(a) Residence: No. 1522 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 2, 1895

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser 0027 East

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cleaning & Dyeing Est.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME William (D)

14. BIRTHPLACE (city or town) (State or country) nash., D.C.

15. MAIDEN NAME Rosie Lane

16. BIRTHPLACE (city or town) (State or country) Wash., D.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mkore Date May 9 1937

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey St

Filed 1937

Washington Wilhelm, M. Washington Williams, M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1937 to May 5, 1937

I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs.	Oct 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Bartoo Jr. M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35262

CERTIFICATE OF DEATH

23132--CM

F 35262

Registered No. 6-3 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anne Hoffman

(a) Residence: No. 2338 E. Fayette St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married--Sep.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irvin (Sep.)

6. DATE OF BIRTH (month, day, year) 5-16-~~1889~~ 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47 ~~48~~	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Charles Kahl (D)

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Rahter (D)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lawn Date 5/8/37, 19..

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St

FILED 5-7-1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to May 5, 1937

I last saw her alive on May 5, 1937 Death is said to have occurred on the date stated above, at 1:45 pm.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 5-1-37

Other contributory causes of importance:

Bronchial asthma — 1933

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical (Was an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

35263

CERTIFICATE OF DEATH

5-1 131 F 35263

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Carlisle Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bernard Shapiro

(a) Residence: No. 3306 Carlisle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Blanche M. Shapiro

DATE OF BIRTH (month, day, year) May 11, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Robert Shapiro

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Rose Edison

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. B. Shapiro

(Address) 3306 Carlisle Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Beth Shalom Cem. Date May 7, 1937

19. UNDERTAKER Harry Goodbrum & Son

(Address) 1202 Eutaw Place

20. FILED MAY 7 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1937, to 5-6, 1937

I last saw him alive on 5-6, 1937 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (Uremia)	2
Arterio-sclerosis	3
Myocarditis	

Other contributory causes of importance: Bronchitis 5-1-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Medical Examiner, M. D.

(Address) 5401 Baltimore Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35264

CERTIFICATE OF DEATH

174 F 35264

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Infirmary 14 N Bond St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leslie Green.

If U. S. Veteran specify WAR

(a) Residence: No. 1646 Mulliken St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): 1909

7. AGE: Years 28 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): California

FATHER

13. NAME: unk

14. BIRTHPLACE (city or town) (State or country): unk

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Police Records

(Address) 1 E. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

PI Los Angeles Cal. Date April 3rd 1937

19. UNDERTAKER: Elroy C. Wilson

(Address) 1201 Pratt St.

1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, Autopsy or Inquest & Autopsy) thereon and from the evidence obtained by me (Inquest, Autopsy or Inquest & Autopsy) I am of opinion that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to severe Axillary wounds & Puncture of Lung	May 4 1937

Other contributory causes of importance: —

Was an operation performed? no Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury May 4, 1937

Where did injury occur? 32 N Bond St Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place (Tavern)

Manner of injury (Knife to neck) cut and severe

Nature Wound and punctured lung

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Geo. L. Allen, M. D.

Coroner

(Address) 507 Cathedral St

Registrar

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

35265

CERTIFICATE OF DEATH

24 F 35265

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenhurst Hospital St., 10-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 9 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Juliet Kellem

If U. S. Veteran specify WAR .....

(a) Residence: No. 924 - N. Eden St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) March 6, 1921

8. AGE: Years 16 | Months 1 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Accomack Co. Va.

13. NAME Babe Kellem

14. BIRTHPLACE (city or town) (State or country) Accomack Co. Va.

15. MAIDEN NAME Sudie Semple

16. BIRTHPLACE (city or town) (State or country) Accomack Co. Va.

17. INFORMANT Walter Semple

(Address) 924 - N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Accomac Co Va. Date May 7th 1937

19. UNDERTAKER Ebery O Wilson

(Address) 1000 Brandywine

FILED 1937 Huntington Nitchman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937 to May 4, 1937

I last saw her alive on May 4, 1937 Death is said to have occurred on the date stated above, at 10 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	4/20/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sidney Selman M. D.

(Address) Lyndenhurst Hospital

19515

HEALTH DEPARTMENT—CITY OF BALTIMORE

35266 — E 35266

CERTIFICATE OF DEATH

348-95P

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 7-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Betz

(a) Residence: No. 2614 Monument St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Betz

6. DATE OF BIRTH (month, day, year) May 14th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ~~Unknown~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O RR 0073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country) Dorsey.

13. NAME John Betz

14. BIRTHPLACE (city or town) France
(State or country)

15. MAIDEN NAME Katie

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Zion Cem. Dorsey, Md. Date May 18th 19 37

19. UNDERTAKER J. J. Fiehrer & Son
Address Pa

20. FILED MAY 7 - 1937 Registrar.

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1936, to May 6, 1937.

I last saw him alive on May 6, 1937. Death is said to have occurred on the date stated above, at 4:56 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	unknown
Arteriosclerotic heart disease	1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. A. De Santelle M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

267 ✓ 35267

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: Union Memorial Hospital (No. 1 St. 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Goodwin Curd

If U. S. Veteran specify WAR .....

(a) Residence: No. 1111 W. 42nd St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Nellie E. Curd

6. DATE OF BIRTH (month, day, year): Nov 11-1875

7. AGE: Years: 61 | Months: 5 | Days: 25 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City 1061

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Victoria Japan

13. NAME of father: John R. Curd

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME of mother: Virginia Miller

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs Nellie E Curd

(Address) 1111 W 42nd St

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Cem Date May 9 1937

19. UNDERTAKER: J. Fletcher Evans

(Address) Baltimore

20. FILED MAY 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1937 to May 6, 1937

I last saw him alive on May 6, 1937 Death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Carcinoma of rectum	Jan 1937
Carcinoma of rectum	Jan 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of May 15, 1936

For what disease or injury? Surgical abdomen

Name of operation Exploratory laparotomy, Sigmoidostomy

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ..... It was not

(Signed) Philip L. Hambleton M. D.

(Address) Union Memorial Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

5268 F 35268

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1907 Hollins St. 20-3 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Crockett Tyson Sanford
If U. S. Veteran specify WAR
(a) Residence: No. 1907 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hallie F. Sanford
7. DATE OF BIRTH (month, day, year): May 10, 1875
8. AGE: Years 61 | Months 11 | Days 26 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter - Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Va.
13. NAME: Unk
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME: Sarah Gordon
16. BIRTHPLACE (city or town) (State or country): Va.
17. INFORMANT: Mrs. Hallie F. Sanford
(Address): 1907 Hollins St.
18. BURIAL, CREMATION OR REMOVAL
Place: Mt. Olive Cem. May 8 1937
19. UNDERTAKER: Wm. F. Hickey Sons
(Address): Monroe & Pratt Sts.
20. FILED: MAY 7 - 1937 Clinton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6. 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937 to May 6 1937
I last saw h. m. alive on May 6 1937 Death is said to have occurred on the date stated above, 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr
Other contributory causes of importance: Pernicious Anaemia	5 yrs
arthritis NO	

Was an operation performed? NO Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Howard Kelly M. D.
(Address) W 21 W Eutaw St

35269 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35269

53-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 E 31st St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Rudolf Haver

(a) Residence: No. 2012 E 31 St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William M Haver

7. DATE OF BIRTH (month, day, year): April 20 - 1871

8. AGE: Years 66 | Months mo | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month, day, year): One month

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Shepherdstown West Virginia

13. NAME: James R Rudolf

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Hester E Mathews

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: William M Haver

(Address): 2012 E 31 St

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Park Date: May 7th 1937

19. UNDERTAKER: Charles P Tindell

(Address): 2427 Edmondson Ave

Filed: Remington Va Williamsburg, Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936 to May 5, 1937

I last saw h[illegible] alive on May 4 1937. Death is said to have occurred on the date stated above, at 6 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma of left Parotid Gland	10 Yrs ago
Other contributory causes of importance: Hemorrhage (Secondary)	2 W

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Necro. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) C V Meyer Jr. M. D.

(Address) 15 W E. 33 St

35270 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35270

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie B. Ryan

If U. S. Veteran specify WAR .....

(a) Residence: No. 2529 Garrett Ave St., 9-7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Ryan

6b. DATE OF BIRTH (month, day, year) June 27-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53 54	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Adam Booker

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Catherine Myers

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT John Ryan

(Address) 2529 Garrett Ave

18. BURIAL, CREMATION, OR REMOVAL Western Cem. May 10th, 37

Place Date

19. UNDERTAKER Chas. F. Bauer & Son

(Address) 116 W. Mt Royal Ave

20. FILED May 10 - 1937 Registrar. Clayton Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to May 6, 1937

I last saw him alive on May 6, 1937 Death is said to have occurred on the date stated above, at 12 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	3 May
Other contributory causes of importance:	
Lobar Pneumonia	2 wks

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... —, 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Benj. H. Dorsey M. D.

(Address) St. Joseph's Hosp.

. D. B. 1268-9

E 25271

35271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Ellsworth St., 8-1 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Henson

(a) Residence: No. 1717 Ellsworth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Carlie Henson

DATE OF BIRTH (month, day, year) ? 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) S.C

13. NAME Willie Henson

14. BIRTHPLACE (city or town) (State or country) S.C

15. MAIDEN NAME Mahala Henson

16. BIRTHPLACE (city or town) (State or country) S.C

17. INFORMANT Earlie Henson

(Address) 1717 Ellsworth St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 7 1937

19. UNDERTAKER Rayner Saunders

(Address) 1613 E. Preston St

20. DATE 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1937 to May 4 1937

I last saw him alive on May 4 1937. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Ruptured Gastric ulcer	5/2/37
(2) General Peritonitis	5/2/37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Calvin B. McCombs M. D.

(Address) 1113 N. Carlton St

M. D. B 1268-9

F 35272

35272 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Dickeys Ld. Ward) 15-7

Length of residence in city or town where death occurred 88 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard Brooks If U. S. Veteran specify WAR

(a) Residence: No. 3227 Dickeys Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jamie E. Brooks

6. DATE OF BIRTH (month, day, year) Mar. 14, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Pattern Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R. Co

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation Balto Co. Md.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME William Brooks

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

MOTHER

15. MAIDEN NAME Mary Ann Smyth

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

17. INFORMANT Mr. Earl N. Brooks

(Address) 3227 Dickeys Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 8 1937

19. UNDERTAKER Wm Dickeyer Sons

(Address) York & Fa. aves.

19 Registrar

7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Hypostatic Lung Congestion	

Other contributory causes of importance: Senile Cataract Shoulder

Was an operation performed? Date of (Over)

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/24, 1937

Where did injury occur? 3227 Dickeys Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place and how sustained Fell

Manner of injury Fell

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Harry Grauer M. D.
Coroner

(Address) 210 N. Howard St

pec.—8-16-29—L. F. S.—100 Bks.

F 35273

F 35273

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 512 N. Carey ST. 19-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jennie Chambers Ensell Wheeler

(a) RESIDENCE NO. 512 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Clarence Wheeler

DATE OF BIRTH (month, day, and year) 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	-	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) 1037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Perry Chambers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore md

12 MAIDEN NAME OF MOTHER Jenny Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore md

Informant Violet Wright

(Address) 512 Carey St

Filed 1937, 19 Lington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 5, 1937

17

I HEREBY CERTIFY, That I attended deceased from April 28, 1937, to May 1, 1937, that I last saw her alive on May 4, 1937 and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J. Douglas Sheppard, M. D.

5-7, 1937 (Address) 1043 myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL May 9 1937

20 UNDERTAKER James A Hayes

ADDRESS 1423 Usteed

35274 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35274

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Inc Eldery St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. Ferris

If U. S. Veteran specify WAR

(a) Residence: No. 1913 Inc Eldery St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jennie Ferris

7. DATE OF BIRTH (month, day, year): Feb 4 1861

8. AGE: Years 76 | Months 3 | Days 1 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Officer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore City

Date deceased last worked at this occupation (month and year): Retired

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Brooklyn New York

13. NAME Thomas Ferris

14. BIRTHPLACE (city or town) (State or country): New York

15. MAIDEN NAME: Anna Kenny

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Mrs Emma Ferris

(Address) 1913 Inc Eldery St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Hill Cemetery Date: May 8, 1937

19. UNDERTAKER: John A. Marsh

(Address) 3000 E. Baltimore St.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/5/1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to May 5, 1937.

I last saw him alive on May 5, 37, 1937. Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Arteriosclerosis 97	?
Myocardial Degeneration	
Cirrhosis 93 d	?
Bronchio-pneumonia 19	5/4/37
Other contributory causes of importance.	
Hypertension 19	?
Chronic Degenerative arthritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Klimes, M. D.

(Address) 2623 E. Monument St Balto md.

F 35275

35275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 76 Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis M. Baldwin

(a) Residence: No. 6765 Braeland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tilda

6. DATE OF BIRTH (month, day, year) April 3, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER FATHER

13. NAME Strom

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Emma Kasse

16. BIRTHPLACE (city or town) (State or country) Ky

17. INFORMANT Mrs Tilda Baldwin

(Address) 6765 Braeland Av

18. BURIAL, CREMATION, OR REMOVAL

Place Orleans Cem Date 5/8/37 19

19. UNDERTAKER John J Corcoran & Son

(Address) 701 Hollins St.

20. [illegible] 1937 Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of abdomen	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury May 4, 1937

Where did injury occur? Bedroom (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury pistol shot in

Nature of injury abdomen

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner M. D.

(Address) 101 S. Eden St

35276 F 35276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Roland A. Bluford

(a) Residence: No. Illinois Ave. (St.) Baltimore Highlands (Ward)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie L. Bluford

6. DATE OF BIRTH (month, day, year) Feby 14, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Acetylene Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME James R. Bluford.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary M. Norris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Marie L. Bluford

(Address) Illinois Ave Balto Highlands

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/10/1937

19. UNDERTAKER John F. Cowan & Son.

(Address) 901 Hollins St.

20. FILED 1937 Huntington Williams, Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) did find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull Lacerated Scalp	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? A Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/6/1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry (Const Co.)

Manner of injury Struck by Metal Fell while working (working On Tank)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, when? Killed while working

(Signed) Chas. E. Pollard M. D. Coroner

(Address) 10 21 St Paul

F 35277

35277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 S. Arlington Ave Ward 18-3) Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs 1 mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Cooper

If U. S. Veteran specify WAR .....

(a) Residence: No. 111 S. Arlington Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Robert Cooper

6. DATE OF BIRTH (month, day, year) Sept 3, 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
92.	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Robert Vetters

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise L. Joyce

(Address) 111 S. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/8/1937

19. UNDERTAKER John J. Cowhig & Son

(Address) 901 Hollins St

20. FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1925 to May 6, 1937

I last saw her alive on May 6, 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	
Senility	
Malnutrition	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Francis Burn M. D.

(Address) 1319 Eutaw Pl.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35278 35278

CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 N. Broadway St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Charles B. Ziegler

If U. S. Veteran specify WAR

(a) Residence: No. 830 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of Jennie Ziegler

7. DATE OF BIRTH (month, day, year) July 8, 1856

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John M. Ziegler

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Clemencau

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Harry J. Mennis

(Address) 1930 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. date May 8 1937

19. UNDERTAKER Wm. Tickner Sons

(Address) North & Pa Ave

20. FILED 19 Registrar

5-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1935 to May 5 1937

I last saw h. alive on Apr. 23 1937 Death is said to have occurred on the date stated above, at 6:30 P.M. May 5, 1937

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	

Other contributory causes of importance:

Metastases from Carcinoma of Prostate.

Was an operation performed? yes Date of Aug 22, 1935

For what disease or injury? Carcinoma of Prostate

Name of operation Conservative Resection Prostatectomy

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard C. Smith M. D.

(Address) 218 Med. Arts Bldg.

35279 F 35279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. 15-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3437 Piedmont Avenue St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 9 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma L. Jordan

(a) Residence: No. 3437 Piedmont Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of ---------
(or) WIFE of

DATE OF BIRTH (month, day, year) July 7, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Francis P. Jordan

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Catherine B. Ballantine

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Joseph A. Wherrett
(Address) 4200 Fernhill Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 5/8 1937

19. UNDERTAKER Henry U. Meary & Son
(Address) 809 W. Saratoga St.

20. FILED 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30 1937 to May 5 1937

I last saw her alive on May 5 1937. Death is said to have occurred on the date stated above, at 8.P m.

The principal cause of death and related causes of importance were as follows:

Angina - Pectoris — Date of onset 6 months

Other contributory causes of importance: Arterio - Sclerosis and Chronic Myocarditis — Several years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles E. Clark, M. D.

(Address) 3814 Piedmont Ave.

F. D. P. 1268-9

✓ F 35280

5280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 Dover St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Richard Dean

(a) Residence: No. 1831 Dover St. St., 19 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) March 20 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Louis Dean

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Kindle Dean

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis Dean
(Address) 1831 Dover St

18. BURIAL, CREMATION, OR REMOVAL
Place W. Lawn Cem Date May 7th 1937

19. UNDERTAKER C. Jones
(Address) Huntington Williams & —

1931 Huntington Williams, N.D.

Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/37 19

22. I HEREBY CERTIFY, That I attended deceased from May 2 1937 to May 5 1937

I last saw him alive on May 4 1937 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Acute)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Albert Kerman M. D.

(Address) 1934 Wilkens Ave

5281 ✓ F 35281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 S. Ponca St. St. 26-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Hoagland

(a) Residence: No. 800 S. Ponca St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Minnie Bowen

DATE OF BIRTH (month, day, year) July 7, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sherwood & Co.

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Minnie Hoagland

(Address) 800 S. Ponca st

18. BURIAL, CREMATION OR REMOVAL

Place Mt Olivet Date May 8th 1937

19. UNDERTAKER A. J. Jones

(Address) 111 S. Eaton st

20. FILED 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from February, 1937, to May 4, 1937

I last saw h... alive on May 4. 1937 Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	6 months
Cardiac asthma	3 days
Other contributory causes of importance:	
Edema of lungs.	6 d.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. B. Shore M. D.

(Address) 136 Cathedral.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35282

35282

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Edgewood Rd. St., 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine L. Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. 3411 Edgewood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William P. Thomas

6. DATE OF BIRTH (month, day, year): June 23, 1885

7. AGE: Years: 51 | Months: 10 | Days: 14 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 003

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John T. Riggin

14. BIRTHPLACE (city or town) (State or country): Balto., Md

15. MAIDEN NAME: Emma V. Hillen

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Wm. P. Thomas

(Address) 3411 Edgewood Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: May 10 1937

19. UNDERTAKER: Margaret F. Flynn

(Address) 2107 N. Milton St.

FILE 7-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/7/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1/2/35, 19..., to 5/7, 1937

I last saw her alive on 5/6/37, 19... Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy due to hemorrhage	5/6/37
Other contributory causes of importance:	
Hypertension	1935
Arteriosclerosis	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Muller M. D.

(Address) 1227 S Charles St

H. D. B. 1268-9

35283 ✓ F 35283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 Guilford Ave St., 12-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin Washington Jones

(a) Residence: No. 2610 Guilford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed or divorced
HUSBAND of Ella L Jones

DATE OF BIRTH (month, day, year) June 20-1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Stephen H Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Susan M. Carter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Ella L Jones

(Address) 2610 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Cem. Co. Date May 8 1937

19. UNDERTAKER Hyde Funeral Inc.

(Address) 2400 Greenmount Ave.

20. FILED May 8 1937 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1937

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1936, to May 5, 1937.

I last saw him alive on May 5, 1937. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	May 5, 1937

Other contributory causes of importance:

Myocarditis	Sept. 1935

Name of operation ----- Date of ...

What test confirmed diagnosis Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo W. Montgomery M.D.

(Address) 401 E. 25th Street

(Yodaitis) ✓ F 35284

35284 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S. Greene St. 22-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michal Yodaitis

If U. S. Veteran specify WAR .....

(a) Residence: No. 223 S. Greene St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Yodaitis

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veriu Tailoring

10. Date deceased last worked at this occupation (month and year) April 30 - 37

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Margaret Yodaitis

(Address) 223 S Greene St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Cem. Date 5-8 19 37

19. UNDERTAKER C. Chas. M. Kirschbaum

(Address) Baltimore 639 S Paca

[illegible] 19 ... Residence Washington, N. C.

5-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35285

CERTIFICATE OF DEATH

1937 F 35285

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph Hospital St. 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hazel M. Williamson

(a) Residence: No. 3005 Philadelphia Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 11, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George E Williamson

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Hazel M Eckert

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hazel M Williamson

(Address) 3605 P hila Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date May 7 1937

19. UNDERTAKER John Ullrich John Ullrich

(Address) 2008 Orleans S t

20. FILED MAY 8 - 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Hemorrhage Intra-Cranial pneu	

Was an operation performed? Yes Date of 5/4/37

For what disease or injury? Fractured Skull

Name of operation Craniotomy Date of 5/4/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/4/37

Where did injury occur? School #83 - Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place School

Manner of injury Fell to ground while playing

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schumpert, M. D. Coroner

(Address) 1917 E. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5286 95-B F 35286

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Montevello Ave) (Ward) 27-1

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Marie Marshall

(a) Residence: No. 3207 Montevello Ave Sec Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louis F. Marshall

6. DATE OF BIRTH (month, day, year) Dec 21 1858

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	4	14	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Christian H Meiers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis F. Marshall

(Address) 3207 Montevello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 8 1937

19. UNDERTAKER John Ulrich

(Address) 2018 Allens

20. FILED 19 Registrar.

MAY 8 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to May 5 1937

I last saw h[er] alive on May 5 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular disease	1936
Other contributory causes of importance	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ruth L Finney M. D.

(Address) 2301 Maryland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

35287

46-E

CERTIFICATE OF DEATH

35287

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 E Fayette St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catharine Weber

(a) Residence: No. 3026 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Conrad Weber

6. DATE OF BIRTH (month, day, year): Aug 28-1868

7. AGE — Years: 68 | Months: 8 | Days: 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

13. NAME: Jacob Lang

14. BIRTHPLACE (city or town) (State or country): Germany

FATHER

15. MAIDEN NAME: Dorothea

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Catherine Brown

(Address) 1020 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem Date: May 10, 1937

19. UNDERTAKER: John Wegrich

(Address) 2018 Orleans

20. FILED ..... 19.... Registrar.

NOV 9 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 37 to May 7, 37

I last saw her alive on May 7, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotic Carcinoma	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

(If so, specify)

(Signed) H. L. Frantz M. D.

(Address) 1123 St Paul Street

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35288 F 35288

CERTIFICATE OF DEATH.

186-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4633 Fells Rd (ST.) 77 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Louise Webster

(a) RESIDENCE NO. 4633 Fells Rd. 77 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Webster Sr.

6 DATE OF BIRTH (month, day, and year): [illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robert Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Ellen Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Charles Webster Sr. (Address) 4633 Fells Road

15 Filed MAY 8 - 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5/4 1937

17 I HEREBY CERTIFY, That I attended deceased from 5/4 .1937. to - 5/6 .1937.

that I last saw her alive on - 5/6 .1937,

and that death occurred, on the date stated above, at 3.16P m.

The CAUSE OF DEATH* was as follows:

Shock following fall down stairs, fracture right humerus, (a) fractured ribs mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia, (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? Coroner did not think necessary

What test confirmed diagnosis? Fell downstairs

(Signed) Nayle F. Carroll M. D.

5/7, 1937 (Address) Upland 9702

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: May 8 1937

20 UNDERTAKER: Archibald A. Gaddy

ADDRESS: 1018 McCulloh St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35289 — 35289

CERTIFICATE OF DEATH

18 23231-EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearliss Lismon Nixon

If U. S. Veteran specify WAR

(a) Residence: No. 1713 Madison Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peicalia Nixon

7. DATE OF BIRTH (month, day, year) 9-15-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30 ~~32~~	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highland Cleaners

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roger, North Carolina

13. NAME Granville Nixon

14. BIRTHPLACE (city or town) (State or country) Roanoke Island

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Mem. Pk. Date May 10-1937

19. UNDERTAKER Mrs. George R. Holland
(Address) Fels R. Holland

20. FILED MAY 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to May 7 1937

I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	5-1-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. L. DeSanctis M. D.

(Address) Baltimore City Hospitals

35290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 F 35290

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Harbor Hosp. Boulding St. 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Nicholas (Zaxarias) If U. S. Veteran specify WAR

(a) Residence: No. 642 Newkirk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maria Stagoradi

6. DATE OF BIRTH (month, day, year) Dec 20 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	18	17

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Zaxarias Nicholas

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Vlakopoulos

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Steve George

(Address) 504 Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn cem. Date May 10 1937

19. UNDERTAKER George W. Gilden

(Address) 1737 E Eager St.

- 1837 Clayton Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Saved boys four & May 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Drowning	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury May 7, 1937

Where did injury occur? found in harbor foot J Boulding St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Bethlehem Steel Co

Manner of injury Probably fell overboard

Nature of injury Probably Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Wright, M. D. Coroner

(Address) 1010 S. Ellwood Ave

35291 HEALTH DEPARTMENT—CITY OF BALTIMORE 35291

CERTIFICATE OF DEATH

178-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S. Chapel St., 2-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Anton Tomaschko

(a) Residence: No. 17 S. Chapel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ernestine

6. DATE OF BIRTH (month, day, year) Sept 2 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 15 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Anton

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Ernestine Tomaschko

(Address) 17 S Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 10. 1937

19. UNDERTAKER Martin H. Dippel

(Address) 37 E. Oliver St.

MAY 8 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ongoing (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ongoing (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

asphyxia from illuminating gas

Date of onset

Other contributory causes of importance: chronic myocarditis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 7. 1936

Where did injury occur? Brooklyn Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home. Probably had a heart attack & fell against gas stove turning on cock.

Nature of injury asphyxia

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright Coroner . M. D.

(Address) 1010 S. Ellwood Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35292

CERTIFICATE OF DEATH

107-a

F 35292

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward) 26-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Louise Barnes

(a) Residence: No. 3603 Belair Road St., ... Ward. St Marys

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Ira Barnes

7. DATE OF BIRTH (month, day, year) 10-2-1889

8. AGE: Years 47 | Months 7 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Elizabeth Heyman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margarete Payne

16. BIRTHPLACE (city or town) (State or country) Germ.

17. INFORMANT Ira Barnes Husband

(Address) 3603 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL Richwood Date May 10 1937

19. UNDERTAKER Leonard Myers

(Address) 1500 Eastern Ave

20. FILED ... 19... Registrar.

MAY 8 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6 1937 to May 7 1937

I last saw her alive on May 7, 1937 Death is said to have occurred on the date stated above, at 10 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated abscess	
Peritonitis.	
Peritonitis	0 0 2 4
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Benj. H. Bayes M. D.

(Address) St Joseph's Hosp.

35293

HEALTH DEPARTMENT—CITY OF BALTIMORE

35293

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3807 Glenmore Ave 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances Beaty

(a) Residence: No. 3807 Glenmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Geo W Beaty

6. DATE OF BIRTH (month, day, year): Sept 19 1877

7. AGE — Years: 59 — Months: — Days: 17 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME Wm Hobbs Beatty

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Va Brown

17. INFORMANT: Geo W Brady

(Address) 3807 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: 5/8/37

19. UNDERTAKER: Leonard Pucks

(Address) 5807 Harford Rd

20. FILED ... 19 ... Registrar.

MAY 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937, to May 6, 1937

I last saw h... alive on May 5, 1937. Death is said to have occurred on the date stated above, at 2.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	unknown
Chronic Myocarditis	unknown
Arteriosclerosis	unknown

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) John A Hachen, M. D.

(Address) N 6304 Belair Rd

35294 E 35294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 23

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No.....

CITY OF BALTIMORE: (No. 22-1 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 18 ds. How long in U. S. If of foreign birth? ...yrs. ...moe. ...ds.

2. FULL NAME Thomas Cain If U. S. Veteran specify WAR .....

(a) Residence: No. 816 S. Charles St., Balto. Md. St., ... Ward Dunham 96.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) June 6, 1886

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
50	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 2-10-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Durham North Carolina.

MOTHER FATHER

13. NAME Jim Cain

14. BIRTHPLACE (city or town) (State or country) Durham North Carolina

15. MAIDEN NAME Nancy Oldfield

16. BIRTHPLACE (city or town) (State or country) Durham North Carolina

17. INFORMANT Records - U. S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date May 9 1937

19. UNDERTAKER Walter B. Gary & Co. (Address) 32 W. Pleasant St.

20. FILED MAY 8 - 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 0 , 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, 19..., to May 4, 1937

I last saw him alive on May 4, 1937. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, general, miliary,	
acute	4-20-37
Other contributory causes of importance:	
--	

Was an operation performed? Yes Date of 4-22-37

For what disease or injury? For diagnosis

Name of operation Spinal Puncture

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. K. Bryant M. D.

(Address) A. K. Bryant, Executive Officer, U. S. Marine Hospital, Balto. Md.

5295

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35295

CERTIFICATE OF DEATH

x √ 93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospitals St., 6-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Harrison Collins

U. S. Veteran specify WAR .....

(a) Residence: No. Not P. O. Address Ft Rd. Edgemere Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna

6. DATE OF BIRTH (month, day, year) Aug 5 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME George W.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eleanor Elder

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Edna Collins wife

(Address) Edgemere Md

18. BURIAL, CREMATION, OR REMOVAL Carroll Co. Md

Place Springfield Date 5/11 1937

19. UNDERTAKER Hall & Son Inc

(Address) Edgemere Md

5-11-1937 Wilkinson Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Wm Wright M. D.

(Address) 1010 S. Wolfe St.

Prec.—2-29-28—L. F. S.—500 Bks.

F 35296

HEALTH DEPARTMENT—CITY OF BALTIMORE

35296

CERTIFICATE OF DEATH

✓159

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST., 11-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Boy Cardy Colored

(a) RESIDENCE NO. 241 N. Fulton Ave ST., 20 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced
(HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) April 18 37

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER Harry E. Cardy

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Anna E. Ward

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Mrs. Anna E. Cardy

(Address) 241 N. Fulton Ave

Filed 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 7, 1937

17 I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1937, to May 7, 1937,

that I last saw him alive on May 7, 1937

and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Aspiration asphyxia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Abraham A. Levine, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cem. DATE OF BURIAL May 8 1937

20 UNDERTAKER C. D. Hickey & Son, Inc. ADDRESS Eutaw St

F 35297

HEALTH DEPARTMENT—CITY OF BALTIMORE

52297

CERTIFICATE OF DEATH

22934 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Woods

If U. S. Veteran specify WAR

(a) Residence: No. 4514 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Woods

6. DATE OF BIRTH (month, day, year) 2-25-1882 ?

7. AGE: Years ? | Months 2 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Wisconsin

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date May 8, 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED MAY 8 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, to May 4, 1937.

I last saw him alive on May 4, 1937. Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis heart disease	unknown

Other contributory causes of importance:

Acute alcoholism	one days.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. L. De Sautelle, M. D.

(Address) Baltimore City Hospital

35298 F 35298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 12752-CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., Ward) Life

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR ...

2. FULL NAME John McMahon

(a) Residence: No. 952 N. Washington St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 8-22-1875 or 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	51	8	8	
53	8	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME James McMahon

14. BIRTHPLACE (city or town) Ireland (State or country)

15. MAIDEN NAME Mary Glancy

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 5/2/37 19...

19. UNDERTAKER J. J. Daly & Sons

(Address) 1317 Light St.

FILED 5-1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to April 30, 1937

I last saw him alive on April 30, 1937. Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4-21-37
Other contributory causes of importance:	
Cardiac Sclerosis	4 years

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hyde Saville M. D.

(Address) Baltimore City Hospitals

F 35293

35293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Zanowski

If U. S. Veteran specify WAR

(a) Residence: No. 32 Gilbert Park Way St. Dundalk Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7-37

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or 22 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Zanowski

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Anne Mary Majcanowski

16. BIRTHPLACE (city or town) (State or country) Jersey City N J

17. INFORMANT Norfolk Road

(Address)

18. BURIAL, CREMATION, OR REMOVAL Forest Heart of Mary Date 5 7 1937

19. UNDERTAKER Bruce & Sunday Sudlow & Lafayette

(Address) Huntington Ave

20. FILED 5-8-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to May 7, 1937.

I last saw h. Cr. alive on May 7, 1937. Death is said to have occurred on the date stated above, at 5 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity,	8 Mo
Other contributory causes of importance:	
Dextrocardia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harold H. Burns, M. D.

(Address) .....

355300 HEALTH DEPARTMENT—CITY OF BALTIMORE K 355300

CERTIFICATE OF DEATH (2nd 3 days) 21613--EF Registered No. 1493

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Myers If U. S. Veteran specify WAR .....

(a) Residence: No. 29 S. Stricker Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leroy Myers

6. DATE OF BIRTH (month, day, year) 7-10-1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	21	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

13. NAME George Buckingham

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ruth Grim

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Morgan Chapel Cem. Date May 11 37

19. UNDERTAKER C. M. Waltz
(Address) Westfield, Md.

20. FILED May 12 1937 Huntington White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8-1937

22. I HEREBY CERTIFY, That I attended deceased from March 5 1937 to May 8 1937

I last saw her alive on May 8 1937 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1934
Nephritis due to Tuberculosis	Two Months

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon H. Feldman M. D.

(Address) Balto City Hosp.

E 35301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., E-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Bahn

If U. S. Veteran specify WAR

(a) Residence: No. 143 E Kenwood Ave St., ... Ward. Camden N J
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE AND PARENTAGE

12. BIRTHPLACE (city or town) (State or country) N. J

FATHER

13. NAME Abraham Bittus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Esther Greenstein

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Where Pinelawn N.J. Date 5/12/37

19. UNDERTAKER Jack Lewis Jr
(Address) 1939 E. Baltimore St

20. FILED MAY 9 - 1937 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1937, to May 8, 1937

I last saw her alive on May 8, 1937. Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	8 mos ago
Other contributory causes of importance:	

Was an operation performed? Yes Date of 2 mos ago

For what disease or injury? Carcinoma Colon

Name of operation Colostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Barnes Woodhead M. D.

(Address) Johns Hopkins

35302 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B-35302

CERTIFICATE OF DEATH

23204-EF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Klizabeth Koscera

(a) Residence: No. 529 S. Bacon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Koscera

6. DATE OF BIRTH (month, day, year) 5-26-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER FATHER

13. NAME: Joseph Fretzen

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Anna Fisher

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Newark, New Jersey Date: May 11 1937

19. UNDERTAKER: Tilly & Zeiler Inc.
(Address) 405 Lexington Ave.

20. FILED 19 Registrar

9-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 8, 1937

I last saw her alive on May 8, 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	9 days
Lobar pneumonia	13 "
Other contributory causes of importance: Lung abscess	2 yrs

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo M. Curtin M. D.

(Address) Balto. City Hosp

355303

F 355303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-Ray 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospital St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Orville Shiter

If U. S. Veteran specify WAR

(a) Residence: No. Union Bridge Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 27, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md

FATHER

13. NAME Leroy Shiter

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Ruth Unger

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Leroy Shiter

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Union Bridge Md May 11 1937

19. UNDERTAKER Wm. H. Baile & Son

(Address) Union Bridge Md

20. FILED May 13 1937 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry) to ... death on the day stated above. 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in, also the following:

Accident, suicide, or homicide? acc Date of injury 5/6, 1937

Where did injury occur? Union Bridge

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in the Street Union Bridge Md.

Manner of injury Fell off & had Bumper of Car (auto)

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Hammaker M. D.

(Address) 215 Hanover Street

F 35304

35304 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1847 W. Northam St., 15-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel L. Levitskes
If U. S. Veteran specify WAR. No Record

(a) Residence No. 1847 W. Northam St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan 17 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Manchester Md.

MOTHER FATHER

13. NAME Henry Fuhrman
14. BIRTHPLACE (city or town) (State or country) Carroll Co Md
15. MAIDEN NAME Susanna Shaffer
16. BIRTHPLACE (city or town) (State or country) Manchester Md

17. INFORMANT Mrs. Sarah E. Higgins
(Address) 1847 W. Northam Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Stultz Pa Date May 10 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

9 MAY 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above. 4-30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. Hans Graner Coroner, M. D.
(Address) 111 Hanover

Mary V. Clark

F 35305

35305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 16-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mary V. Clark

(a) Residence: No. 25 36 Calverton Heights St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

3a. If married, widowed, or divorced WIFE of HUSBAND of Delbert Clark

6. DATE OF BIRTH (month, day, year) Aug 16 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry C. Burgan

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va

MOTHER

15. MAIDEN NAME Mary Bowers

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Delbert Clark

(Address) 25 36 Calverton Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 10 19 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 9-1937 Huntington Williamsport, Md.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to full death on the day stated above. 3.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic Ulcer of Stomach	5-37
Other contributory causes of importance: Intestinal Hemorrhage	5-6-37

Was an operation performed? yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) Wm. J. Phillips, M. D.

Coroner

(Address) 739 Edmondson Ave

Spec.—1-12-23—M&T—500 Blks.

F 35306

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35306

CERTIFICATE OF DEATH.

82-W

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 a Hickory av ST., 13-7 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

No War Record

2-FULL NAME Mary E. Conn

(a) RESIDENCE NO. 401 a Hickory av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word): Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: George Conn

6 DATE OF BIRTH (month, day, and year): Oct 10 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	89	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Phila Pa

PARENTS

10 NAME OF FATHER: William Swann

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Charlotte Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

14 Informant (Address): Edgar M. Ruff 401 a Hickory Av

15 Rec'd MAY 9 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 7 1937

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to May 7, 1937, that I last saw her alive on May 7, 1937, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Wm Hiden Power, M. D.

, 19 (Address) 850 N 36 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's (Hampden)

DATE OF BURIAL: 5/10/ 1937

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

F 35307

35307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3030 (Street) Greenmount Ave

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME John Amend

(a) Residence: No. 3030 Greenmount Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. ~~Married~~, Widowed, or ~~Divorced~~ HUSBAND of (or WIFE of) Sarah Amend

DATE OF BIRTH (month, day, year) Jan 11 - 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alex Brown Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of Father Amend

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME of Mother Bramble

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Ruby Barterman

(Address) 448 Whitridge Ave

BURIAL, CREMATION OR REMOVAL

Place St. Peters Date May 10th 1937

UNDERTAKER Wedgwood Coyle

(Address) 1217 St Paul

FILED [illegible] Huntington Williams Registrar.

5 - 1937

MEDICAL CERTIFICATE OF DEATH 2 AM.

21. DATE OF DEATH (month, day, year) May 7 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28 1937 to May 7 1937

I last saw him alive on May 6 1937 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Chronic Myocardial Degeneration	5 yrs
Other contributory causes of importance: Arterio Sclerosis & Chronic Nephritis	5 yrs

Was an operation performed? no Date of none

For what disease or injury?

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. K. Cliff M.D.

(Address) 104 N Charles St.

35308 F 35308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 - 5th St., 75-4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin V. Buck If U.S. Veteran specify WAR No Record

(a) Residence: No. 3709 - 5th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6. ~~If married, widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Florence Buck

DATE OF BIRTH (month, day, year) Apr. 17-1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 6086

10. Date deceased last worked at this occupation (month and year) 1902 | 11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME MacKaness

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Edward S. Piney

(Address) 3709 - 5th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 12th, 1937

19. UNDERTAKER Williams Cook

(Address) 1217 St. Paul

20. FILED 9 - 1937 Registrar ~~Registrar~~ William [illegible]

MEDICAL CERTIFICATE OF DEATH 1st AM

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to May 7, 1937

I last saw him alive on May 6, 1937. Death is said to have occurred on the date stated above, at 1.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular disease	June 20, '35
Other contributory causes of importance:	

Was an operation performed? no Date of - - -

For what disease or injury? - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harry Leibel M. D.

(Address) 1226-1226 Hanover St.

F 35309

F 35309 HEALTH DEPARTMENT—CITY OF BALTIMORE

#21620

CERTIFICATE OF DEATH

V47-a

SF

25-5

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Joseph Dwyer

(a) Residence: No. 4216 Morrison Court-Curtis Bay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna (d) B Dwyer

6. DATE OF BIRTH (month, day, year) 3/17/1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	74	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building 0915

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 25-

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME John (d) Dwyer

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Mickey (d)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross & Co. Date May 10 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED MAY 9 - 1937 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937, to May 6, 1937

I last saw him alive on May 6, 1937. Death is said to have occurred on the date stated above, at 7:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, heart disease	1935
Other contributory causes of importance:	
Pneumonia, R lung	5-6-37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm. De Lautelle, M. D.

(Address) Baltimore City Hospitals

23387 LB

F 35310

F 35310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 9-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Annie Boone

(a) Residence: No. 1134 Homestead St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) 1858 ?

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Robt W. ? Boone

14. BIRTHPLACE (city or town) (State or country) ? Md

15. MAIDEN NAME ? Mary A Brooks

16. BIRTHPLACE (city or town) (State or country) ? Balto Md

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westwood Date May 11th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

MAY 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6 1937 to May 8 1937

I last saw her alive on May 8 1937 Death is said to have occurred on the date stated above, at 1.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
For the Immediate Cardiovascular Disease	
Cerebral Hemorrhage	5-6-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sanctis M. D.

(Address) Baltimore City Hospitals

35311 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35311

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 E - 33rd St., 9-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry R. Merryman

If U.S. Veteran specify War No Record

(a) Residence: No. 810 E. 33rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel A

DATE OF BIRTH (month, day, year) Aug 15-1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elliott Machine Co

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

13. NAME Thos W. Merryman

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME Ruth Mallonee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ethel A. Merryman

(Address) 810 E. 33rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Union Town Date May 10, 1937

19. UNDERTAKER Wellington Cook

(Address) 217 E. Saint Paul St

FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 3 PM

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from November, 1936 to May 6th, 1937

I last saw him alive on May 6th, 1937. Death is said to have occurred on the date stated above, at 3:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 year
Other contributory causes of importance: Metastasis	6 Mos

Was an operation performed? — Date of .....

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) E. J. Marx M.D.

(Address) 516 Osborne St

35312 F 35312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Park Heights ave Ward) 15-12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Lewis

If U.S. Veteran specify WAR .....

(a) Residence: No. 3500 Park Heights ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Simon Lewis

DATE OF BIRTH (month, day, year) 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Frauenberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah Goldstein

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT (Address) Ruth Rosenstadt 3500 Park Heights ave

BURIAL, CREMATION, OR REMOVAL Place Washington Rd Date May 9 1937

UNDERTAKER Sol Levinson Bros

(Address) 1127 E Baltimore

FILED 5/10/37 Herrington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1936 to May 7, 1937

I last saw h.e alive on May 7, 1937. Death is said to have occurred on the date stated above, at 12 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1 yr. ago

Other contributory causes of importance:

Was an operation performed? No Date of September 1936

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

5/8/37 (Signed) David Isaac Weil M. D.

(Address)

F 35313

5313 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Sinai Hosp 6-5 Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Miller

If U. S. Veteran specify WAR

(a) Residence: No. 411 - N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, year): Aug 12 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Of Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Abraham Miller

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Sarah Lazaroff

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs Rose Levenson

(Address) 411 N Broadway.

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Friendship Date: May 9 1937

19. UNDERTAKER: Sol Levinson Bros.

(Address) 1127 E Baltimore

20. FILED: May 10 1937 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/21/37, 19 to 5/8/37, 19

I last saw h[illegible] alive on 5/8/37, 19 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Bronchopneumonia	107	March 1
Toxic myocarditis	9301	
Myocardial insufficiency	9304	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert Abramson, M. D.

(Address) Sinai Hosp.

35314 F 35314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lindsey West

If U. S. Veteran specify WAR

(a) Residence: No. 502 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Sue West

6. DATE OF BIRTH (month, day, year) Aug. 6, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

FATHER

13. NAME Lewis West

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Katie Buell

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mathew L. West
(Address) 924 Muse Ave. Portsmouth, Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Portsmouth Va. Date May 9 1937

19. UNDERTAKER Robert H. Young & Co.
(Address) 1804 N. Carolina St

20. FILED MAY 19 1937 Registrar for Baltimore, Md.

9-6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1917 E. North Ave

35315 E 35315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred over 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Melnicoff

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Russia
(State or country)

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sigmund Feinblatt
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Date 5/9/37 19

19. UNDERTAKER Jack Lewis Jr.
(Address) 1432 E. Baltimore St.

20. FILED 5-9-1937 Winston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1930 to May 6, 1937

I last saw h-er alive on May 6, 1937 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Other contributory causes of importance: Chr. Bronchitis & Emphysema	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Edmund Beeson, M. D.

(Address) Lunndale

35316 ✓ F 35316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23322 J. 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Max Bernstein

(a) Residence: No. 112 N. Wolfe St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Bernstein

7. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Ellis

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ells ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 5-9-37 19...

19. UNDERTAKER Jos. Young Inc

(Address) 1752 E. Baltimore St.

20. FILED ... 19... Registrar.

5-9-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937 to May 7, 1937

I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 4:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify ...

(Signed) H. C. de Sanctis M. D.

(Address) Baltimore City Hospitals

F 35317

35317 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

49-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St. 4-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR None

2. FULL NAME [illegible]

(a) Residence: No. [illegible] St., [illegible] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	[illegible]	[illegible]

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) [illegible]
(State or country)

MOTHER FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) [illegible]
(State or country)

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) [illegible]
(State or country)

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland, Md. Date May-10 1937

19. UNDERTAKER Stewart Monroe
(Address) Lonaconing

20. FILED [illegible] 19 [illegible]

5-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-24-37, 19..., to 5-4-37, 19...

I last saw her alive on 5-4-37, 19... Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Convulsions	2
	days
Other contributory causes of importance:	
Intestinal obstruction	5-1-37

Was an operation performed? Yes Date of 5-3-37

For what disease or injury? Obstruction

Name of operation Colostomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) Laurence E. Mills M. D.

(Address) Mercy Hospital

✓ F 35318

35318 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 66-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Walbrook St. 45-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Davenport

If U.S. Veteran specify WAR No Record

(a) Residence: No. New Rochelle N.Y. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word) Widowed

6a. If ~~married, widowed, or divorced~~ (or) WIFE of Capt Howard Davenport

6. DATE OF BIRTH (month, day, year) May 6* 1856

7. AGE Years 80 | Months 51 | Days 0 | If LESS than 1 day, hrs. or min. 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John K Sparrow

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rachael Groom

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miriam Davenport

(Address) 2808 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Buried

Place Columbia Md Date May 9* 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntingtown Williamsport, Md

5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7* 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to May 7 1937

I last saw h.. alive on May 7 1937. Death is said to have occurred on the date stated above, 10:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertherapidism	1927
Colloid hypertrophy	1934
Acute Ventricular Cleft dilatation	30 min

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) H G Davis M. D.

(Address) 726 N North Ave

35319 E 35319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-w

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1235 N. Bond St., St., 8-7 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ROBERT C. McGEE

(a) Residence: No. 1235 N. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Lillie F. McGee

6. DATE OF BIRTH (month, day, year) Aug. 23, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yards Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John. McGee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marie Armacost

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Lillie F. McGee 1235 North Bond Street

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date May 11 19 37

19. UNDERTAKER (Address) Chas. E. Maus & Son 118 W. Mt. Royal Ave

20. FILED May 9 1937 E. [illegible] for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 19 37

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 37 to May 8 19 37

I last saw h— alive on May 7 19 37 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis Uremia	Dec 1936
Contributory	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 501 W. Lanvale

35320 ✓ F 35320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 27-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Auguste Leuschner

If U. S. Veteran specify WAR

(a) Residence: No. 4500 Elsrode Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Truggott C. Leuschner

6. DATE OF BIRTH (month, day, year) Jan 31 st 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME August Schange

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. L. C. Leuschner

(Address) 4500 Elsrode Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 10 1937

19. UNDERTAKER Leith Carnahan Son

(Address) 740 Cathedral St.

20. FILED Huntington Pittman 5-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-27-1937 to 5-7-1937

I last saw her alive on 5-7-1937 Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene, Right Leg	4-23-37
Arteriosclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-5-37

For what disease or injury? Arteriosclerotic Gangrene

Name of operation Amputation, Rt. Leg

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Bruce H. Downes, M. D.

(Address) St. Joseph's Hosp.

35321

✓ F 35321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr James S. Carey - (James S. Carey)

If U. S. Veteran specify WAR .....

(a) Residence: No. 5 N. Monroe St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Lillie V. Carey

6. DATE OF BIRTH (month, day, year) July 5 1871

7. AGE: Years 66; Months 10; Days 2; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstock Maryland

FATHER

13. NAME James S. Carey

14. BIRTHPLACE (city or town) (State or country) Woodstock Maryland

MOTHER

15. MAIDEN NAME Sarah V. Simpson

16. BIRTHPLACE (city or town) (State or country) Reed

17. INFORMANT Mrs Lillie V. Carey

(Address) 5 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date May 10 1937

19. UNDERTAKER J. B. Hippert & Sons

(Address) 30 Eutaw Place

20. FILED (Date) 9-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to May 7 1937

I last saw him alive on May 6 1937. Death is said to have occurred on the date stated above, at 1.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	1936
Bronchial Pneumonia	5-6-37

Other contributory causes of importance:

Cholecystitis
Hydropleurapothorax.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify.

(Signed) Louis G. Llewelyn M. D.

(Address) St. Agnes Hospital

F 35322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Adah Wakefield

If U.S. Veteran specify WAR .....

(a) Residence: No. 1401 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 18 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Michaels County

13. NAME Mrs. Sly Hester

14. BIRTHPLACE (city or town) (State or country) St Michaels

15. MAIDEN NAME R. Hookes

16. BIRTHPLACE (city or town) (State or country) Eastern Shore

17. INFORMANT Elisha Smith
(Address) 6003 Ross Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem. Date May 10th 1937

19. UNDERTAKER Lt. Ray L. Hedges
(Address) 6204 Harford Rd.

20. FILED MAY 10 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 1 . 1937 to May 6 . 1937

I last saw h alive on 5/6/37 . 19 Death is said to have occurred on the date stated above, at 5406 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease & hypertension	?
Carcinoma right ovary	?
Ovarian cyst left	?
Other contributory causes of importance Embolus right iliac vein	5/6/37
Pulmonary Edema	5/6/37

Was an operation performed? Yes Date of 4/19/37

For what disease or injury? Left ovarian cyst

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dallas Hudgins M. D.

(Address) West Baltimore General Hosp.

F. D. 35323 ✓ F 35323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 168 S Collins ave 20-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella M. Wilhelm

(a) Residence: No. 168 S Collins ave Street ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James M Wilhelm

6. DATE OF BIRTH (month, day, year): August 6 1878

7. AGE: Years 58 59 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: John H Feeley

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Ellen Boyle

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: James M. Wilhelm

(Address) 168 S Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date May 10th 1937

19. UNDERTAKER: Lt Roy L. Hedges

(Address) 6209 Hereford Rd

20. FILED ... 19 ... Registrar

J 1931 Remington Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1937 to May 6 1937

I last saw h[illegible] alive on May 6 1937 Death is said to have occurred on the date stated above, at 11 30 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
mitral stenosis & mitral insufficiency	indefinite
Other contributory causes of importance: cardiac decompensation	13 days

Name of operation none Date of ✓

What test confirmed diagnosis? Clin Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ... 19 ...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury —

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred T. Lyons M. D.

(Address) 3321 Fredk Ave

M. D. B. 1268-9

35324 ✓ F 35324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Narcissus Ave St., 27-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sadie Angela Windsor

(a) Residence: No. 5507 Narcissus Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jay Harry Windsor

6. DATE OF BIRTH (month, day, year) Oct. 2, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael J. McGuiness

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann M. Murphy.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. F. W. Stewart
(Address) 5507 Narcissus Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 5/10 1937

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Av.

20. FILED ..... 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16 1937 to May 6 1937

I last saw h[illegible] alive on May 6 1937 Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 6
Contusions about face,	
upper and lower lids.	
Cuts	

Other contributory causes of importance:

Arteriosclerosis	?
Myocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

35325 F 35325

35325
32671/0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7-5 X 32-C

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St., 7 Ward)

Length of residence in city or town where death occurred ...yrs. 2 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Winfield Webb If U. S. Veteran specify WAR .....

(a) Residence: No. Duncansville St., ... Ward. Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith B.

6. DATE OF BIRTH (month, day, year) 3-14-86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pa

MOTHER FATHER

13. NAME Albert Webb

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Ida Davis

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Altoona Pa Date May 9 1937

19. UNDERTAKER Henry W. Meausdon
(Address) 205 N. Calvert St.

20. FILED 19..... [illegible] District

5-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1937, to May 8, 1937
I last saw him alive on May 8, 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addisons Disease	Apr 1937
Disseminated Tuberculosis	June 193
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) Frederick C. Webb M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

35326 ✓ F 35326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cecile Blackmore Campbell

(a) Residence: No. ..... St., ... Ward. Cincinnati, Ohio
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm.A.Campbell

6. DATE OF BIRTH (month, day, year) July 1.1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70 71	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Wm.P.Blackmore

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Caroline Pallhill

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs.Agnes B.Park

(Address) York Road, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Rochester, N.Y. Date May 9, 1937

19. UNDERTAKER John L. Mitchell & Son

(Address) 1900 Eutaw Place, City

Filed MAY 9 - 1937 Herrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	

Other contributory causes of importance:

Shock

Was an operation performed? Yes Date of 5/8/37

For what disease or injury Intestinal Obstruction

Name of operation Laparotomy Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Rhemboldt, M. D. Coroner

(Address) 1919 East North Ave.

F 35327

35327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1930 Ridgehill ave. St., ... Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify WAR? No Record

2. FULL NAME Jesse V. Kirby

(a) Residence: No. 1930 Ridgehill ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Kirby

6. DATE OF BIRTH (month, day, year) Jan 1 1893

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
43	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman 2978

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt Transit Co

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) ..... Va.

FATHER

13. NAME Jesse A. Kirby

14. BIRTHPLACE (city or town) (State or country) ..... Va.

MOTHER

15. MAIDEN NAME Mary C. ?

16. BIRTHPLACE (city or town) (State or country) ..... Va.

17. INFORMANT Mary V. Kirby (wife) (Address) 1930 Ridgehill ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Union Park Date 5/10/37

19. UNDERTAKER H. Thorn Sons (Address) 1217 E. Fayette

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 4 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above. 3.42 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 4 , 1937.

Where did injury occur? 1930 Ridgehill ave, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... home

Manner of Injury Gas from kitchen stove

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas. Carnes M. D. Coroner

(Address) 1215 Hanover

35328 F 35328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hos. St., 13-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Jessie Smith

(a) Residence: No. 3809 Pleasant Place, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mrs. H. Smith

6. DATE OF BIRTH (month, day, year): Aug 11 1865

7. AGE: Years 71 | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife
10. Date deceased last worked at this occupation (month and year): 1937
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Clyde New York

MOTHER FATHER
13. NAME: Henry Newman
14. BIRTHPLACE (city or town) (State or country): England
15. MAIDEN NAME: (Unknown) Fraemont
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs. H. Smith (Son)
(Address) 1623 Allister Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 10th 1937

19. UNDERTAKER: Milhorn Funk
(Address) 1217 E. Fayette St.

20. FILED May 13 1937 Registrar: Arlington Wilkerson

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year): May 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 3, 1937.

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury overcome by gas permeating house

Nature of injury Gas escaping from open burner turned on but not lit

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. [illegible] Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave

F 35329

35329 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward 2755

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stephen Bollinger

(a) Residence: No. 6305 Brook Ave. St., Govt Hospital Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Bollinger

6. DATE OF BIRTH (month, day, year) February 18-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Bollinger

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Hassler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Viola Mykins

(Address) 6305 Brook avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Stelting Date May 12- 1937

19. UNDERTAKER A. B. Ulman Hall

(Address) 3539 Falls Rd

20. FILED ..... 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-25-37, 19..., to 5-9-37, 19...

I last saw h.i M. alive on 5-9-37, 19... Death is said to have occurred on the date stated above, at 10:27 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver — Date of onset .....

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-1-37

For what disease or injury? Carcinoma of Liver

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leonard E. Lund M. D.

(Address) Maryland Gen. Hosp

F 35330

35330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S.? If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Rex Cudens

(a) Residence: No. Belair, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 17 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford County

FATHER

13. NAME Floyd Cudens

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Annie Bratton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mother

(Address) Belair Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Harford Co. May 10 1937

19. UNDERTAKER Dean & Foster

(Address) Belair Md

FILED MAY 10 1937 Huntington Williams M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-7-, 1937 to 5-9-, 1937

I last saw him alive on 5-9-37, 19 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria - tonsillar, Laryngeal, tracheal	5-6-37

Other contributory causes of importance:

Was an operation performed? yes Date of 5-7-37

For what disease or injury? Diphtheria

Name of operation Tracheotomy

What test confirmed diagnosis? Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Wallace Webster M. D.

(Address) Sydenham Hosp.

F 35331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward) 705

Length of residence in city or town where death occurred ..... yrs. 1 mos. 13 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George W Lee

(a) Residence: No. Hanover Rd. (Usual place of abode) Edgemere Md St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Emma M Lee

6. DATE OF BIRTH (month, day, year) 5/15/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 3/25/37

11. Total time (years) spent in this occupation. 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Wm Lee

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Annie T Dennis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date May 12 1937

19. UNDERTAKER Thos F Denny

(Address) 715 Light St

20. FILED MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 31 1937 to May 8 1937

I last saw him alive on May 8 1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Renal insufficiency — Date of onset 4-22-37

Chronic Nephritis

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation blood chemistry

What test confirmed diagnosis? X Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James M Hartland M. D.

(Address) Johns Hopkins Hospital

35332 F 35332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Theophilus O. Myers
U. S. Veteran specify WAR

(a) Residence: No. 1002 H St. Sparrows St. Pt. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Olivette Myers

6. DATE OF BIRTH (month, day, year) June 27 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman Tin Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) 5/1/37

11. Total time (years) spent in this occupation 00 8

12. BIRTHPLACE (city or town) (State or country) Elizath Pa

FATHER
13. NAME John Myers
14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER
15. MAIDEN NAME Letitia Owens
16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Olivette Myers
(Address) 1002 H St. Sparrow Point md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 13 1937

19. UNDERTAKER John F. Dennis
(Address) 715 Light St

20. FILED Huntington Williams, M.D. Registrar.
MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9/37 19

22. I HEREBY CERTIFY, That I attended deceased from 5/7/37, 19 to 5/9/37, 19
I last saw h[illegible] alive on 5/7/37, 19 Death is said to have occurred on the date stated above, at 1.02 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Myocardial Failure	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) Isaiah A. Hunt. M. D.
(Address) Md Gen Hosp.

F 35333

35333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH 704 Kenwigh Rd
CITY OF BALTIMORE: (No. Home for Incurables St., E. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Eleza Sampson

(a) Residence: No. 2430 N. Calvert St., ... Ward. E.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 19-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	-	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Campinagas Brazil

FATHER

13. NAME Squire Sampson

14. BIRTHPLACE (city or town) (State or country) Hunkhannock, Pa

MOTHER

15. MAIDEN NAME Laura Porter

16. BIRTHPLACE (city or town) (State or country) Jacksonville Alabama

17. INFORMANT Miss Mary Eleanor Sampson
(Address) 2430 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 5/10/ 1937

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1920 Eutaw place

20. FILED MAY 10 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937, to May 7, 1937
I last saw her alive on May 6, 1937. Death is said to have occurred on the date stated above, at 8:40a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral sclerosis	?
Cerebral hemorrhage	5-3-37

Other contributory causes of importance:

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Conrad Acton M. D.
(Address) Home for Incurables

Spec.—1-12-23—M&T—500 Blks.

35334 F 35334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 E 27th ST., WARD) 12-3

2-FULL NAME Michelina Iacoboni
MICHELINA

(a) RESIDENCE NO. 345 E 27th ST., WARD 12

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5-8-37

7 AGE	Years	Months	Days	If LESS than 1 day, 2 hrs or ~~1~~ min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ~ cont

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 345 E 27th St

PARENTS

10 NAME OF FATHER Camillo Iacobini

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Anna DeNicolo

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant (Address) Camillo Iacobini 345 E 27th St.

Filed MAY 10 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-8 1937

17 I HEREBY CERTIFY, That I attended deceased from 5-8- , 1937, to 5-8- , 1937, that I last saw h[illegible] alive on 5-8 , 1937 and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Premature birth about 7 mo -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Placental detachment

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S. Iacuzzo, M. D.

, 19 (Address) Medical arts Bldg.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREATION OR REMOVAL Holy Redeemer Cem.

DATE OF BURIAL 5/10 1937

20 UNDERTAKER Frank Della Notte

ADDRESS 52 N. Paca St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35335 — 121 F 35335

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp. St., ... Ward) 14

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herbert B. MacCubbin 2834

(a) Residence: No. 802 Walnut Ave St., Roland Hgts Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jeanie I. Hopkins MacCubbin

6. DATE OF BIRTH (month, day, year) Nov. 23, 1897

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
39	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 6009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Treasury Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. H. MacCubbin

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Florence Wells

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Jeanie I. MacCubbin

(Address) 802 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 5/10/37

19. UNDERTAKER Harry W. Lutzke

(Address) 4101 Edmondson Ave

MAY 10 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-2-37, 19..., to 5-7-37, 1937

I last saw h[illegible] alive on 5-7-37, 1937. Death is said to have occurred on the date stated above, at 9.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute perforative appendicitis	5-1-37
Other contributory causes of importance: Generalized Peritonitis	5-7-37

Was an operation performed? Yes Date of 5-2-37

For what disease or injury? acute appendicitis

Name of operation appendectomy drainage

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. C. Dunnigan, M. D.

(Address) Mercy Hosp

32405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35336

CERTIFICATE OF DEATH

✓ 157 F 35336

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hayward Smith Jr

If U. S. Veteran specify WAR

(a) Residence: No. 1111 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-10-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8 weeks 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mabel Rogers

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date May 10 1937

19. UNDERTAKER Robt. R. Elliott-Slaughter
(Address) 1129 N. Caroline St.

MAY 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937 to May 7, 1937

I last saw h... alive on May 7, 1937 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
from congenital adhesions.	Birth.
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-13-37

For what disease or injury? Intestinal obst. 5-7-37

Name of operation Laparotomy.

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stiffler, Jr. M. D.

(Address) Johns Hopkins Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35337 CERTIFICATE OF DEATH 11-a F 35337

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 N. Calhoun St., Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Curtis R. Atkins

If U. S. Veteran specify WAR

(a) Residence: No. 842 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth A. King

6. DATE OF BIRTH (month, day, year) Dec. 12. 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Joseph A. King

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Edith Harris

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Elizabeth A. King

(Address) 842 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary cem. Date May 10. 37

19. UNDERTAKER T. G. Kelson

(Address) 1323 Fressman St

(Signed) Clayton Williams, M. D.

0 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19, 1937 to May 7, 1937

I last saw him alive on May 7, 1937 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4/19/37.
Other contributory causes of importance: La-Grippe	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. N. Pigott, M. D.

(Address) 1536 W. Lanvale St

HEALTH DEPARTMENT—CITY OF BALTIMORE

35338

CERTIFICATE OF DEATH

51-C F 35338

27-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Oakrest Ave St., ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Holton

(a) Residence: No. 3016 Oakrest Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Holton

7. DATE OF BIRTH (month, day, year) Oct. 22 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 Yrs.	6 Mo.	16 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles H. Holton

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME Sarah Heath

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Emma Holton

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date May 11 1937

Project Hill Cemetery

19. UNDERTAKER Keyser Bros. Funeral Home, Inc.

(Address) 301 E. Lexington St.

Registrar.

MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-8-1937. 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6 1937 to May 8 1937

I last saw him alive on May 7 1937. Death is said to have occurred on the date stated above, at 9.50 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Prostate Gland — Date of onset about 1934

Other contributory causes of importance:

Carcinoma Prostate Gland — Date of onset same

Was an operation performed? — Date of Apr 28/34

For what disease or injury? Carcinoma Prostate

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Morris B. Green M. D.

(Address) 6543 Harford Rd Baltimore Md

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35339 — 21651—CM — F 35339

CERTIFICATE OF DEATH

9-4 V 35C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1933 yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Johnson

(a) Residence: No. 1023 McDonald St. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 4-27-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	12	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.

(Address) .....

18. FUNERAL DIRECTOR ~~Undertaker~~ North Carolina

(Address) ~~Undertakery~~ Date May 11. 1937

19. UNDERTAKER Undertakery 1345 Edward Boylan & Sons

(Address) .....

20. FILED MAY 11 1937 Clayton Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1937 to 5-6, 1937

I last saw h. alive on 5-6, 1937 Death is said to have occurred on the date stated above, at 1:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphogranuloma Venereum Ulceration Femoral Artery, Left with Fatal Hemorrhage	?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. L. Brantigan M. D.

(Address) Baltimore City Hosp.

5340
32675

F 35340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 7-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Caroline Krebs

If U. S. Veteran specify WAR

(a) Residence: No. 2124 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry Krebs

6. DATE OF BIRTH (month, day, year) 2/13/59

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. (Belair)

FATHER

13. NAME John Doar

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 5/12/37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED ..... 19 .....

MAY 10 1937 Huntington Matthews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1937 to May 9, 1937

I last saw her alive on May 9, 1937 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Sigmoid	
Intestinal obstruction	March 19 1937

Other contributory causes of importance:

Senile debility	

Was an operation performed? Yes Date of March 19 1937 April 13 1937

For what disease or injury? Carcinoma of sigmoid with obstruction

Name of operation Coloctomy + Resection of the sigmoid

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Irving S. Kennedy, Jr. M. D.

(Address) Johns Hopkins Hospital

35341 E 35341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5113 Eastern av 2645 St.) (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 1 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Frances Eliz. Lane

If U. S. Veteran specify WAR .....

(a) Residence: No. 5113 Eastern av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Roy B. Lane

6. DATE OF BIRTH (month, day, year) Dec 24, 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Thomas Maxwell

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Eliza Thompson

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Hus. Roy B. Lane

(Address) 5113 Eastern av

18. BURIAL, CREMATION, OR REMOVAL

Place Cat Town Cem Date 5/11/37

19. UNDERTAKER John A. Inden

(Address) 3000 E. Baltimore St.

20. FILED ..... 19.....

Registrar.

MAY 10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1937 to May 8th, 1937

I last saw her alive on ~~May~~ May 7, 1937. Death is said to have occurred on the date stated above, at 1:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Adam Toth M. D.

(Address) 4616 Eastern ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35342

CERTIFICATE OF DEATH

F 35342

92-a

28-1

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4111 Hayward Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 8 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte L. Miller

(a) Residence: No. 4111 Hayward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Miller

6. DATE OF BIRTH (month, day, year) Aug 29 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Charles Wenzel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Louisa Batchlor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry L. Miller
(Address) 4111 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 11 1937

19. UNDERTAKER Harry C. Whitwell
(Address) 4204 Ridgewood Ave

MAY 10 1937 Eugene Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 20 1937 to May 8 1937

I last saw h alive on May 8 1937. Death is said to have occurred on the date stated above, at 2:00 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	
Other contributory causes of importance: Auricular flutter	April

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Hulla M.D. M. D.

(Address) 22 14 E Fayette St

35343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35343

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Norwood ave. St. 26-25 Ward)

Registered No. 94-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Griffiths

If U. S. Veteran specify WAR

(a) Residence: No. 5312 Norwood ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Ann Griffiths

6. DATE OF BIRTH (month, day, year) May 15 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Planning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Baltimore MD

10. Date deceased last worked at this occupation (month and year) 5/1937

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Griffiths

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Mary Garrett

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Grace H. Griffith (Address) 5312 Norwood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem Date May 11 1937

19. UNDERTAKER Henry R Armistead (Address) 4204 Edgewood Ave

5 1937

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 11.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Cramer Coroner, M. D.

(Address) 215 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35344

CERTIFICATE OF DEATH

35344

16-134-54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. (Provident) Hospital | 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Brown

(a) Residence: No. 707 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Rhoda

6. DATE OF BIRTH (month, day, year) June 15-1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Benjamin Brown

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Hospital Records
(Address) —

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calary Cemty Date 4/10 19 37

19. UNDERTAKER Walter D. Griggs
(Address) 139 W. Lanvale St.

20. FILED MAY 10 1937 19 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence adduced by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Tumor of Brain	April 20 1937

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Hearing Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. S. Allen M. D.

(Address) 509 Augusta St

32965 35345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 F 35345

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Andrews

(a) Residence: No. 2936 Elliott St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/22/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6 weeks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Samuel Andrews

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Lavan Muhlenfeld

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.
Place London PK Date 5/10/37 19

19. UNDERTAKER Philip Henry Sons
(Address) 2040 Eutaw St

MAY 10 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 25. 1937 to May 9. 1937

I last saw him alive on May 9. 1937 Death is said to have occurred on the date stated above at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	Appx 4/30
Other contributory causes of importance: Prematurity	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Harry Shwachman M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#21431

F 35346

CERTIFICATE OF DEATH

5-12 F 35346 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Cammarata

(a) Residence: No. 3826 Cottage Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 12/25/1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	29	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trust Therefore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dep Gds

10. Date deceased last worked at this occupation (month and year) 3 | 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Samuel Cammarota

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Stella Centineo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Loudon Cemetery Date May 14 19 37

19. UNDERTAKER John J. Dickey & Bro
(Address) Baltimore

FILED MAY 10 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1937 to 5-9 1937

I last saw him alive on 5-9 1937. Death is said to have occurred on the date stated above, at 12:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neurofibroma (Malignant) with metastasis	Oct 1936
	over
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. L. Brantigan M. D.

(Address) Baltimore City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35347

CERTIFICATE OF DEATH

95-B F 35347

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 E. North Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

9-8

2. FULL NAME Henriette Louise Sandlass

If U. S. Veteran specify WAR

(a) Residence: No. 1112 E. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Sandlass

6. DATE OF BIRTH (month, day, year) May 5 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Kiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Meyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George W. Sandlass

(Address) 1112 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date May 11 1937

19. UNDERTAKER William J. Tuckner & Sons

(Address) North & Aisquith Sts

20. FILED MAY 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1937, to May 7, 1937

I last saw h alive on May 7, 1937. Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolus	5/7/37
Auricular fibrillation	?
Other contributory causes of importance: Arterio-Sclerotic heart disease	?

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Henry M. Hansen, M. D.

(Address) 20 E. Preston Street

M. D. B 1265-9

5348

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35348

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11-44 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Claude Mosley

(a) Residence: No. 1211 McCulloh St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 8/5/36

6. DATE OF BIRTH (month, day, year) 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME James C. Mosley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Leola Mosley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James C. Mosley
(Address) 1211 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Cem. Date May 10, 37

19. UNDERTAKER Leopold Metzger
Address

MAY 10 1937

Registered

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 8, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry found that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. K. Sadler, M. D.
Coroner

(Address) 2757 W. North Ave.

35349

HEALTH DEPARTMENT—CITY OF BALTIMORE

35349

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Franklin Square Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Like 1873

2. FULL NAME Mary Fogerty

If U. S. Veteran specify WAR

(a) Residence: No. 1831 Ramsay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L Fogerty

6. DATE OF BIRTH (month, day, year) June 27 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57 58	11	10 11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30-37

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Schriber

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT (Address) John L Fogerty 1831 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date 5/11/ 37

19. UNDERTAKER (Address) John J Cowan & Son 901 Hollins St.

(Date) MAY 10 1937 Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8-37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to her death on the day stated above. 9 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
May Broncho Pneumonia	8-37
Myocardeal failure	

Other contributory causes of importance: Fracture of left femur 3-14-37

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3-14 1937

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Street)

Manner of injury Slipped

Nature of injury Fractured left femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos H Phillips, M. D. Coroner

(Address) 1939 Edmondson

AACo. 5-31 250B

E 35350

HEALTH DEPARTMENT—CITY OF BALTIMORE

35350 108

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 W. Fayette St. 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME Charles Glorioso

(a) Residence: No. 1709 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Messina Glorioso

6. DATE OF BIRTH (month, day, year) Nov. 15, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 57	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Merch
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Luigi Glorioso
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Liberto
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife
(Address) 1709 W Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 11, 1937

19. UNDERTAKER Frank V. Lupitore
(Address) 218 E. Baltimore St

20. 1937 Huntington Williams, MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1937, to May 8, 1937. I last saw him alive on May 8, 1937. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/30/37
Other contributory causes of importance: Cardiac Dilatation	

Name of operation — Date of ...
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Vincent Messina, M. D.
(Address) 1412 S. Charles St

E 25351

35351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 1sa

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran specify WAR

2. FULL NAME August Gross

(a) Residence: No. Front St. (Germany Avenue) St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-6-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Gross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frederica ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

P JOHNS HOPKINS MEDICAL SCHOOL MAY 10 - 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per M. A. Moore

20. FILED ..... 19 ..... Registrar

0 1937 3104 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 . 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to May 3, 1937

I last saw h.... alive on May 3, 1937 Death is said to have occurred on the date stated above, at 10-25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-1-37
Other contributory causes of importance: Arteriosclerosis	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A. Q. de Lantalle M. D.

(Address) Baltimore City Hospitals

5352 E 35352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 124-a Registered No.

CITY OF BALTIMORE: (No.) Rayner Ave. Dukeland St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph R. Wilson 204

If U.S. Veteran specify WAR

(a) Residence: No. 2117 Boyd St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Wilson
6. DATE OF BIRTH (month, day, year): July 16-1881
7. AGE: Years 56 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seaman 0023 Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent at this occupation
12. BIRTHPLACE (city or town) (State or country): Balto. Md
13. NAME: Joseph R. Wilson
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Maryland
17. INFORMANT: Mrs. Mary Lehmann
(Address) 2117 Boyd St.
18. BURIAL, CREMATION, OR REMOVAL: Place London Park, Date May 13, 1937
19. UNDERTAKER: George L. Lehnert
(Address) 2101 Fredrick Ave.
20. [illegible] 10 1937 [illegible] 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 3rd, 1937 to May 10th, 1937
Last saw him alive on May 10th, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal cirrhosis (probably secondary to chronic alcoholism)	Feb 1936
Other contributory causes of importance:	

Was an operation performed? yes Date of March 21-1936
For what disease or injury? Autopsy (for portal cirrhosis

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. J. Friedel M. D.
(Address) West 34th. & Gerard Hosp.

F 35353

35353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 97

CITY OF BALTIMORE: (No. 1733 William St. ..... St., 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 2 dys. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura V. Kirby.

(a) Residence: No. 1733 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~MARRIED~~ widowed, ~~or DIVORCED~~ (or) WIFE of William H. Kirby

6. DATE OF BIRTH (month, day, year) September 6 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	2 --	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Magaha.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Agnes B. Ross.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles D. Kirby. (son)

(Address) 1733 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 5/11/37 19

19. UNDERTAKER Geo. L. Burger Jr.

(Address) 1612 Eutaw St.

MAY 13 1937

[illegible] Lexington Williams, M.D. 5/11/1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. W. Kinkaid M. D. Coroner

Address 1017 S. Charles St.

V S 6

F 35354

35354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 South Castle St ..... St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Sobus

(a) Residence: No. 15. South Castle Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXX~~ Anna Sobus

6. DATE OF BIRTH (month, day, year) Aug, About. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME George Sobus

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anna Sobus -(Wife)
(Address) 15 South Castle Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. STANISLAUS Date May 12th 1937

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann Street

10 1937 [illegible] 14 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....
I last saw h[illegible] alive on ..... 19 37 Death is said to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 8th
Mitral Regurgitation (Arteriosclerotic)	1-37
Senile Psychosis	1 day

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 600 N Dallas St

5-9-37

F 35355

35355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anthony Tyma (23245)

(a) Residence: No. 719 S. Montford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11th, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Joseph ? Tyma

14. BIRTHPLACE (city or town) (State or country) Poland ??

MOTHER

15. MAIDEN NAME Helen ?Szuder

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date May 13th 1937

19. UNDERTAKER Geo. F. Weber
(Address) 700 S. Ann St

20. FILED 10 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937 to May 10, 1937
I last saw him alive on May 10, 1937 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	February (1937)

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, how?

(Signed) Leon H. Feldman M. D.
(Address) Baltimore City Hospitals

12610 KB ✓ F 35356

353356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Cornish

If U. S. Veteran specify WAR

(a) Residence: No. 1629 W. Lexington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alan (Deceased)

6. DATE OF BIRTH (month, day, year) 1884?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53 52?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME James Cavey

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Eliz. Cavey

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 10 1937 Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address)

MAY 10 1937 Washington Williams, Registrar.

3196 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to May 8, 1937

I last saw her alive on May 8, 1937 Death is said to have occurred on the date stated above, at 12 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	5-5-37
Other contributory causes of importance:	
Cerebral Hemorrhage	1930

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation Clinical No

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. de Santella, M. D.

(Address) Baltimore City Hospitals

F 35357 #21957

35357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-93-SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR

2. FULL NAME Tom Sawyer

(a) Residence: No. 928 Wilmer Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Diana Lee (d)

6. DATE OF BIRTH (month, day, year) 2/8/1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Caroline

FATHER

13. NAME Charles Gunner

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Matilda Sawyer

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 10 1937 19

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

Filed MAY 10 1937 Per Wilmer [illegible]

3195

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1937 to 5-4, 1937

I last saw him alive on 5-4, 1937 Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Saphilitic Myocarditis	7 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

35348 14

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35358

CERTIFICATE OF DEATH

45-c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry S. New — If U. S. Veteran specify WAR .....

(a) Residence: No. Bethseda St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catharine

6. DATE OF BIRTH (month, day, year): Dec 3 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Asst
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Post Master General
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ind

FATHER

13. NAME: John C New
14. BIRTHPLACE (city or town) (State or country): Ind

MOTHER

15. MAIDEN NAME: Millicent Beehler
16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Indianapolis Ind Date May 10 1937

19. UNDERTAKER (Address): Wm J. Tuckey & Son North & Pa Ave

FILED MAY 10 1937 19 ..... Registrar. ..... by .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15 1937 to May 9 1937

I last saw him alive on May 9, 1937 Death is said to have occurred on the date stated above, at 10 28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, buccal membrane, mouth	1 yr
Other contributory causes of importance: Metastasis to cervical gland, lungs, abdomen & brain	2 mos

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Barnes Woodhall, M. D.

(Address) Johns Hopkins

35359 F 35359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 Bayard St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Lewis Henry Allen

(a) Residence: No. 1303 Bayard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 15-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Brentwood

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

15. MAIDEN NAME Nellie allen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Nellie Allen

(Address) 1303 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 11, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED 10 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6 . 1937. to May 7 . 1937

I last saw him alive on May 7 . 1937. Death is said to have occurred on the date stated above, at 5.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	May 3
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how? .....

(Signed) Morley Hoag M. D.

(Address) 727 Wash. Blvd.

Spec.—2-29-28—L. F. S.—500 Bks.

F 35360

5360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Edmondson Ave. ST.) (WARD) 16-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Mary Nicholson

(a) RESIDENCE NO. 910 Edmondson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced (or) WIFE of: Geo. Nicholson

6 DATE OF BIRTH (month, day, and year): 6-29-1883

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	53	10	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. City

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

14 Informant: E. J. Farmer

(Address) 910 Edmondson

MAY 10 1937, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-8-37

17 I HEREBY CERTIFY, That I attended deceased from April 22-37, 19, (to May 8-37, "

(that I last saw her alive on ", 19

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Acute Bronchitis

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) P. H. Cardoza, M. D.

5-10-37 (Address) 527 W Hill ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Lin

DATE OF BURIAL: May 12, 1937

20 UNDERTAKER: Wm Kate R Williams

ADDRESS 322 S

F 35361

HEALTH DEPARTMENT—CITY OF BALTIMORE

35361

CERTIFICATE OF DEATH

91-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Roland, Jr. Donnelly

If U. S. Veteran specify WAR

(a) Residence: No. 1616 North Monroe St. St., City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or WIFE of)

6. DATE OF BIRTH (month, day, year) July 12, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Depaso, Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0040

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Donnelly

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Miss Sarah Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Pleasant View Cem. Date May 12 1937

19. UNDERTAKER Wm. Purkey & Sons

(Address) Norfolk & Pa Ave.

20. FILED ... 19... Registrar.

MAY 10 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1937, 19... to May 9, 1937, 19...

I last saw him alive on May 9, 1937, 19... Death is said to have occurred on the date stated above, at 6.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staph. Viridans Endocarditis (Subacute Bacterial Endocarditis)	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify

(Signed) L. Chargaff, M. D.

(Address) Union Memorial Hosp.

35362 F 35362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N Fulton Ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Emanuel Senft

If U. S. Veteran specify WAR .....

(a) Residence: No. 202 N Fulton Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Charlotte Senft

6. DATE OF BIRTH (month, day, year) Aug 23-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wall Paper Mfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg 1886

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) York Pa

FATHER

13. NAME Emanuel Senft

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Anna Bell

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mrs Charlotte Senft

(Address) 202 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Union Mills Md Date May 10 1937

19. UNDERTAKER S. M. Frederick Md

(Address) Lic No 1250

..... 19..... Registrar.

MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8th 1937 to May 8th 1937

I last saw him alive on May 8th 1937. Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia Acetone, and Endocarditis	5/6/37
Other contributory causes of importance: Acute Gastritis	5/1/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Adams Hannigan, M. D.

(Address) 1701 N Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35363

CERTIFICATE OF DEATH

131 F 35363

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Ward) 562

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice O'Neill

(a) Residence: No. 1107 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles J. O'Neill

6. DATE OF BIRTH (month, day, year) ... 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 0039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME David Russell

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margt. Reynolds

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Chas O'Neill

(Address) 1107 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 13 1937

19. UNDERTAKER Pete Wedefelde

(Address) 911 Greenmount Ave

Stuntington Pittsburgh, Pa.
(Residence)

MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I, HEREBY CERTIFY, That I attended deceased from April 29, 1937 to May 10, 1937

I last saw her alive on May 10, 1937. Death is said to have occurred on the date stated above, at 1 15/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	5
Chronic Nephritis	5
Uremia	1
Other contributory causes of importance:	
Secondary Anemia	5

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Aut. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Brig. H. Jones, M. D.

(Address) St. Joseph's Hosp.

35364 HEALTH DEPARTMENT—CITY OF BALTIMORE

14446 EB L F 35364

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR , , ...

2. FULL NAME Charles Handke

(a) Residence: No. 4214 Raymar Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 10-20-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Weaver

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer 5/12 19 37

19. UNDERTAKER Leonard C. Peach
(Address) 6000 Reisterstown Rd

0 1937 Reisterstown, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1936 to May 9 1937

I last saw him alive on May 7 1937 Death is said to have occurred on the date stated above, at 2:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis and pyelitis	1936
Other contributory causes of importance: Cerebral hemorrhage	1936

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. De Lay Taylor M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35365

CERTIFICATE OF DEATH

1178 F 35365

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Penitentiary St., 10-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran Specify WAR .....

2. FULL NAME Richard Elvis McCullough

(a) Residence: No. Md. Penitentiary St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Elvis McCullough

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Carnes

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Md. Penitentiary
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Cathedral Cem. date 5/11/37

19. UNDERTAKER John J. Fahey & Son
(Address) 1310 Eutaw St.

20. Filed 5-10-1937 Herrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - Post Operative	
Other contributory causes of importance:	

Was an operation performed? yes Date of 5/1/37

For what disease or injury? Injuries Duodenal Ulcer

Name of operation Release of Adhesions Date of 5/1/37

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Orrin B. Hollar M. D.
Coroner

(Address) 1203 E. Baltimore St.

V S 6

F 35366

35366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edward P. E. Scott

(a) Residence: No. 939 West Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 25 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. F. Goetze

10. Date deceased last worked at this occupation (month and year) May 8, 1937

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward W. Scott

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Edna August Derr

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Lupton Scott.

(Address) 129 Perkin st.

18. BURIAL, CREMATION, OR REMOVAL May 12 1937

Place Loudon Park Cem.

19. UNDERTAKER Yost & Rook

(Address) 1003 N. Baltimore St.

Huntington Wilhelm, Registrar

FILED MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest, and that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris Duration

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Phillips, Coroner M. D.

(Address) 1939 Edmondson Avenue

F 35367

35367 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

216-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital. 19-+ Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta Mc Gee.

If U. S. Veteran specify WAR

(a) Residence: No. 507 S. Vincent St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ (or) WIFE of James McGee.

6. DATE OF BIRTH (month, day, year) March 28, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Geo. A. Barnhardt (Daughter.)
(Address) 1103 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 10 1937

19. UNDERTAKER Joseph B. Cook
(Address) 1008 E. Baltimore St.

20. [illegible] for Williams Registrar

MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture 8 ribs right side, right colles & ulna Struck & run over by auto truck.	5/1/37
Terminal pneumonia.	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Hospital autopsy & inquest. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 1, 1937, 19

Where did injury occur? Carey ne. Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public street.

Manner of injury Run over by auto truck

Nature of injury above fractures.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt, M. D.
Coroner

5/10/37 (Address) 1017 S. Charles St.

V.S.6

M. D. B 1265-9

F 35368

35368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 14 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul L. Morris

If U. S. Veteran specify WAR .....

(a) Residence: No. 1626 Eutaw Place St., ... Ward. Wellsville Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mlae	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bess Patch Morris

6. DATE OF BIRTH (month, day, year) June, 30th 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
29	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1936

11. Total time (years) spent in this occupation 10 Yrs

12. BIRTHPLACE (city or town) (State or country) Wellsville Ohio.

FATHER

13. NAME Thomas J. Morris

14. BIRTHPLACE (city or town) (State or country) Bellaire Ohio

MOTHER

15. MAIDEN NAME Pearl Ella Mc Cord

16. BIRTHPLACE (city or town) (State or country) Wellsville Ohio

17. INFORMANT P. G. Morris

(Address) Wellsville Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Wellsville, Ohio May 10 1937

19. UNDERTAKER Joseph Hook

(Address) 1033 West Baltimore St.

20. FILED MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above. 7.05 am

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Hemorrhage due to gun shot wound involving Iliac Vessels of Abdomen	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury May 8 1937

Where did injury occur? 1626 Eutaw Place (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury gun shot (pistol) in abdomen

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. Hamilton Norris M. D. Coroner

(Address) 1215 Hanover

35369 F 35369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Street) 12-3 (Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Barbusca BARBUSCA — If U. S. Veteran specify WAR .....

(a) Residence: No. 329 E. 27½ St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francesca Barbusca

6. DATE OF BIRTH (month, day, year) Aug. 9 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64 64	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calascibetta Italy

FATHER

13. NAME Francesco Barbusca

14. BIRTHPLACE (city or town) (State or country) Calascibetta Italy

MOTHER

15. MAIDEN NAME Maria Lana

16. BIRTHPLACE (city or town) (State or country) Calascibetta Italy

17. INFORMANT Francesca Barbusca (Wife)
(Address) 329 E. 27 St.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. May 13 37

19. UNDERTAKER Frank Dillon Dale
(Address) 52 N. Monroe st.

20. FILED ..... 19 ..... Registrar.

MAY 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1937 to May 9, 1937

I last saw him alive on May 9, 1937 Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Rupture	4-22-37
Generalized Peritonitis	4-22-37
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 24, 1937

For what disease or injury? Ruptured appendix

Name of operation Appendectomy

What test confirmed diagnosis? operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj. H. Isaacs M. D.

(Address) St. Joseph's Hosp.

35370 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35370

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Orleans St. St. 5-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benedetto Di Donato

(a) Residence: No. 1106 Orleans St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Francesca Di Donato

6. DATE OF BIRTH (month, day, year): March 3 1855

7. AGE: Years 82 | Months 2 | Days 5 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Nepezzano Italy

FATHER

13. NAME: Giuseppe Di Donato

14. BIRTHPLACE (city or town) (State or country): Nepezzano Italy

MOTHER

15. MAIDEN NAME: Serena

16. BIRTHPLACE (city or town) (State or country): Nepezzano Italy

17. INFORMANT: Epifanio Di Donato (Son)

(Address) 1106 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. May 11, 1937

19. UNDERTAKER: Frank Della Vale

(Address) 52 N. Monty St.

20. FILED: MAY 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/9/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schneider Coroner, M. D.

(Address) 1417 E. North Ave.

F 35371

35371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1542 McKean St., 45-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Green

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1542 McKean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~single~~, widowed, ~~divorced~~ HUSBAND of (or WIFE of) Sophia Green

6. DATE OF BIRTH (month, day, year) June 10th 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward J. Green

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Lemon

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Edward J. Green Jr

(Address) 1936 Ridgehill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date May 12th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 9 1937

I last saw him alive on May 9 1937. Death is said to have occurred on the date stated above, 10:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Arterio-sclerosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. Miles Wheeler, M. D.

(Address) 2129 N Howard Ave

35372 E 35372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 435 E. Fort Ave St., 24-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary I Dyott
If U.S. Veteran, specify War No Record

(a) Residence: No. 435 E. Fort Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Wharton Dyott

6. DATE OF BIRTH (month, day, year) Sept.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	81	8		

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

FATHER
13. NAME Samuel Meredith
14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER
15. MAIDEN NAME Anna Booze
16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

17. INFORMANT Wellington R. Dyott
(Address) 435 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 12 1937

19. UNDERTAKER Williams Cook
(Address) 217 St Paul St.

MAY 11, 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH 9:30 AM

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937, to May 10, 1937
I last saw her alive on May 10, 1937. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with Hypertension	?
Other contributory causes of importance:	

Was an operation performed? No Date of —
For what disease or injury? —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Strutt M. D.
(Address) 421 E. Fort Ave

35373

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35373

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 W. North Ave. Ward 12-2) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcella V. Hogg If U.S. Veteran specify WAR No Record

(a) Residence: No. 816 W. North Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Samuel R. Hogg

6. DATE OF BIRTH (month, day, year): Apr 1 1852

7. AGE: Years 85 | Months 1 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X | 11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Theodore Parsons

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Rosanna Ricky

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Isaac B. Fields
(Address): Elk Landy

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Friendship Md Place. May 12 1937 Date.

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1937 to May 10 1937

I last saw her alive on May 9 1937 Death is said to have occurred on the date stated above, at 7½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	?
chronic rheumatic endocarditis	1926
Other contributory causes of importance:	
Cardiac insufficency	1/4/37

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. A. Kemp M. D.

(Address) 3036 Edmondson Ave

35374 F 35374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Covington St. St., 24-44 Ward)

Length of residence in city or town where death occurred 40 yrs. 11 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Marie Viola Suit.

(a) Residence: No. 1815 Covington St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, XXXXXXXXXXXX (or) WIFE of Harry E. Suit.

6. DATE OF BIRTH (month, day, year) March 23, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: X

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank F. Giester.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Laura J. Brown.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Bertha E. Hoover (sister)

(Address) 64 E. Heath St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 12 1937

19. UNDERTAKER Wm Cook

(Address) 1217 W. Baltimore St

20. FILED ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Asst. Coroner ... M. D.

5/10/37 (Address) 1017 S. Charles St.

35375 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35375

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 N Potomac St., 6-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August M. Hobson

If U. S. Veteran specify WAR .....

(a) Residence: No. 147 N Potomac St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie C. Hobson

6. DATE OF BIRTH (month, day, year) Nov 12 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Police Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME George Hobson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Laura J Chalk

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Mrs. Minnie C. Hobson
(Address) 147 N Potomac St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date May 13 1937

19. UNDERTAKER John J Heming
(Address) 76 Light St

20. FILED ... 19... [illegible] For Millard Tydings

MAY 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1937 to 5-10 1937

I last saw him alive on 5-10-37 19... Death is said to have occurred on the date stated above, at 245 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5-9-37
arteriosclerosis.	?
Other contributory causes of importance:	
Gastro-enteritis	5-2-37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) John J Gould M. D.

(Address) 14 N East ave

23104 EB

F 35376

HEALTH DEPARTMENT—CITY OF BALTIMORE

35376

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Bias

If U. S. Veteran specify WAR

(a) Residence: No. 706 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) 10-13-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Bias (Deceased)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Tressa Weem (Deceased)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 5/19/ 1937

19. UNDERTAKER Frances A. Bensley
(Address) 5 E. Preston St.

20. FILED ... 19 ... Registrar

MAY 11 1937 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-28 1937 to 5-10 1937

I last saw him alive on 5-9 1937 Death is said to have occurred on the date stated above, at 7:07 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	October 1936

Other contributory causes of importance:

Was an operation performed? yes Date of 5-3-37

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) F. I. Carpenter M. D.

(Address) Balto. City Hosp.

F 35377

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35377

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 N. Eden St. St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. Johnson

If U.S. Veteran specify WAR .....

(a) Residence: No. 1215 N. Eden St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) June 4, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Peter Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Sollers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marie Johnson

(Address) 1215 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem Date 5/12/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED MAY 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/8/37 . 19 .. to 5/8/37 . 19 ..

I last saw him alive on 5/5/37 . 19 .. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Coma	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. A. Gage, M. D.

(Address) 709 E. Broadway

35378

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35378

CERTIFICATE OF DEATH

✓ 1 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

2. FULL NAME Rose Rustica

If U. S. Veteran specify WAR

(a) Residence: No. 821 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sam

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Curick

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sam Rustica
(Address) 821 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 12 37

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937 to May 9, 1937

I last saw her alive on May 9, 1937. Death is said to have occurred on the date stated above, at 2 25/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Calculus	?
Other contributory causes (importance): Post Operative Paralytic ileus and Uremia	May 3, 37

Was an operation performed? Yes Date of May 1, 1937

For what disease or injury? Renal Calculus

Name of operation Removal of Kidney Stone

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, —

(Signed) Frank K. Morris M. D.

(Address) 113 W. Monument St

MAY 11 1937 Registrar of Vital Statistics

(35383)

F 35379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounced Dead on Arrival at 3d St. & Broad St.) Ward) Hosp

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Crapp

(a) Residence: No. 3401 E. Balto St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith E. Crapp

6. DATE OF BIRTH (month, day, year) May 6 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Crapp

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Kinsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edith E Crapp
(Address) 3401 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn. Date May 12, 1937

19. UNDERTAKER C Fenwick Ellison
(Address) 3615 E Baltimore

20. FILED 19 Livingston Phillips Registrar

MAY 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named deceased on May 10 1937 and viewed the same (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry I find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocarditis	
Fatty Degeneration of	
Hypertension in Coronary	
Arteries	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Foundry Druid Hill Park

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) John A Crane M. D.
Coroner

(Address) 612 N 40 St

F 35380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

98 F 35380

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 N Calvert St. 12-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Madalene Davidson

If U. S. Veteran specify WAR None

(a) Residence: No. 2303 N Calvert St. 12 Ward Mt Pleasant Talbot Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Thomas Davidson

6. DATE OF BIRTH (month, day, year) Sept 7 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Queen Annes Co. Maryland

FATHER

13. NAME Charles B Mitchell

14. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

MOTHER

15. MAIDEN NAME Mary Emory

16. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md.

17. INFORMANT Sergt. G. E. Davidson (son)

(Address) 2902 St Paul St City

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Mills Talbot Co. Date May 13 1937

19. UNDERTAKER Stewart Mortuary Company

(Address) 108 N Howard St.

MAY 11 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-10- 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7 1936 to May 10 1937

I last saw h alive on May 10 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri Sclerosis	
Gangrene of foot	
Other contributory causes of importance:	
Senile arteri Sclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas Swanick, M. D.

(Address) 4706 Harford Rd

5/11/37

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35381 F 35381

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Vine St. 19-W Ward)

Registered No. 378

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Smith Cameron

(a) Residence: No. 1519 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grant Cameron

6. DATE OF BIRTH (month, day, year) 9/11/1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife & Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 9 30

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Person County N C

FATHER

13. NAME Les Crist

14. BIRTHPLACE (city or town) (State or country) Person Co N C

MOTHER

15. MAIDEN NAME Martha N. Thomas

16. BIRTHPLACE (city or town) (State or country) Person Co N C

17. INFORMANT James Cameron

(Address) 834 N Parish St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date May 13, 1937

19. UNDERTAKER Mr. Kate R. Williams

(Address) 322 N. Gilmor St. Huntington Williams, M.D.

Registrar.

MAY 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20th, 19 37, to May 10, 1937

I last saw her alive on May 9th, 1937 Death is said to have occurred on the date stated above, at 1.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Uremia	May 3

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Med Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A H E Campbell M. D.

(Address) 15-28 Mt Auburn St

F 35382

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35382

181

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rodney H Lee

(a) Residence: No. 1334 Argyle Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster County
(State or country) Va

FATHER

13. NAME David Lee

14. BIRTHPLACE (city or town)
(State or country) Va

MOTHER

15. MAIDEN NAME Ollie Williams

16. BIRTHPLACE (city or town)
(State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Lancaster Virginia May 5/11/37 19

19. UNDERTAKER Wm A Jackson
(Address) 716 Pratt St.

20. FILED MAY 11 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd - 3rd degree burns of Body & hand & lower extremities	May 9 1937

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 9, 1937

Where did injury occur? 1334 Argyle Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Nature of injury Extensive 2nd & 3rd degree burns Body & hands

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo L Collins Coroner, M. D.

(Address) 850 Lafayette Ave.

V S 6

35383 E 35383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH 1000 Calhoun St., 16-2 Ward) Registered No.

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Russell Tope

(a) Residence: No. 112 Strickler St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Verna Tope

6. DATE OF BIRTH (month, day, year) Sept. 4 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Empire Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston, Md.

FATHER

13. NAME Felix Tope

14. BIRTHPLACE (city or town) (State or country) Charleston, Md.

MOTHER

15. MAIDEN NAME Verna Thomas

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT Verna Tope

(Address) 112 N. Strickler St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date May 12 37

19. UNDERTAKER Thos. E. Nelson

(Address) 1302 Presstman St

20. FILED May 13 1937 by [illegible] Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 2-3 Pm,

	Date of onset
Bullet wound of heart	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury May 8, 1937

Where did Injury occur? 1000 blk Calhoun St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place (Pool room)

Manner of Injury Pistol shot

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Hans Carver M. D.
Coroner

(Address) 614 Hanover

ST. JOHN

V S 6

5384 F 35384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. moe. ds.

If U. S. Veteran specify WAR

2. FULL NAME William R Rayner

(a) Residence: No. Berlin Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John H. Rayner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Paulina A. Gaumer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT J. W. Burbage
(Address) Berlin Md

18. BURIAL, CREMATION, OR REMOVAL
Place Berlin Md Date 5/12/37 19

19. UNDERTAKER J. W. Burbage
(Address) Berlin Md

20. FILED MAY 11 1937 Clerk of Town Worcester Co. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9 1937 to May 11 1937

I last saw h— alive on May 11 1937 Death is said to have occurred on the date stated above, at 3.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Intestinal Hemorrhage (cause unknown)	5/1/37?
Secondary Anemia	?

Other contributory causes of importance:
Obesity (extreme)

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B. Mays M. D.

(Address) University Hospital

35385 # 21859 FB F 35385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-J-91-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 2-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Kazmerski

(a) Residence: No. 2029 Fleet St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse

6. DATE OF BIRTH (month, day, year) 2-7-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	39	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Michael Jaskulski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stella

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 3 1937

19. UNDERTAKER John M. Welsh
(Address) 401 S. Chester St

20. FILED MAY 11 1937 [illegible] for Matthew J. Mee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1937 to 5-9 1937

I last saw her alive on 5-9 1937. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	2 mos

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, how?

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

35386 35386

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 W. Dallas St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Watts

(a) Residence: No. 224 W. Dallas St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed or divorced: HUSBAND of (or WIFE of): Mary Watts

6. DATE OF BIRTH (month, day, year):

7. AGE: Years: Approx 61; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: James R. Watts

(Address): 1522 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: May 11 1937

19. UNDERTAKER: Robert L. Young

(Address): 624 W. Lafayette St.

MAY 11 1937

Huntingtown, Williams, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937 to May 7, 1937

I last saw him alive on May 7, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	May 1, 37
Other contributory causes of importance: Mitral Insufficiency and Hypertension	1 yr.

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Physical + Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St

35387 F 35387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3037 Wallbrook Ave St. 15-6 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Thomas Hopewell
If U. S. Veteran specify WAR .....

(a) Residence: No. 3037 Wallbrook Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edna Irad Hopewell

6. DATE OF BIRTH (month, day, year) Sept 7-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office Dept
10. Date deceased last worked at this occupation (month and year) Dec 1936
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER
13. NAME Thomas C Hopewell
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME Annie Dorsey
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Edna Hopewell
(Address) 3037 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date May 11 1937

19. UNDERTAKER Jno F Taylor & Son
(Address) 1 E Pra

20. FILED MAY 11 1937 19.... Registrar Huntington Williams, MD

MEDICAL CERTIFICATE ~~OF~~ DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1937 to May 9 1937
I last saw him alive on May 9 1937. Death is said to have occurred on the date stated above, at 10.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	9 yrs.

Other contributory causes of importance:

Diabetes Mellitus	9 years

Was an operation performed? — Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Isaac E. Dickson, M. D.
(Address) 3033 W. North ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35388

CERTIFICATE OF DEATH

F 35388

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605-N. Spring St., 5-1 Ward) 56

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Dennis

(a) Residence: No. 605-N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced (or) WIFE of: Eli Dennis (deceased)

6. DATE OF BIRTH (month, day, year): 1-22-1859.

7. AGE: Years 78 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Coconoke City Md.

FATHER

13. NAME: Gentleman.

14. BIRTHPLACE (city or town) (State or country): Virginia.

MOTHER

15. MAIDEN NAME: Mrs. Hamilton

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Lavinia Hamilton 605-N. Spring St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mem Date 5-13th, 1937

19. UNDERTAKER (Address): Jas. M. Skinner 1120 Druid Hill Ave

MAY 11 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 3/5 1937 to 5/9 1937

I last saw h[illegible] alive on 5/9 1937 Death is said to have occurred on the date stated above, at 11:20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	3/1/37
Acute Rheumatism	3/5/37
Fever & Arthritis	3/5/37

Other contributory causes of importance: Indefinite

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. P. Blake M. D.

(Address) 924 Eutaw St

35389

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35389

210-M

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital 3-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 11 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Prolisko.

(a) Residence: No. 131 S. Spring St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) November 22, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rudsia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Paul Zuk.

(Address) 2837 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 1937

19. UNDERTAKER Wendel Funeral Home

(Address) 1402 Gough St

MAY 11 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the pelvis,	Apr. 14/37
Rupture of the blader.	
Lung Emphysema	
Passenger in Auto	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Apr. 14/37, 19

Where did injury occur? Whitemarsh Balto Co. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Automobile Collision

Nature of injury Stated Above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto M. Kennard, M. D.
Coroner

5/10/37 (Address) 1017 S. Charles St.

Thomas Lee Williams, M.D.

INSTRUCTION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35390

CERTIFICATE OF DEATH

× 131 F 35390

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Howard A Kelly Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Mary Clark Kellogg

(a) Residence: No. 2252 Chatfield Ave. St. Cleveland Heights Ohio Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~last WIFE of~~ Wife of Fredrick D. Kellogg

6. DATE OF BIRTH (month, day, year) Sept 15 - 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Dakota

FATHER

13. NAME Elbert Judson Clark

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Hattie Carpenter

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Fredrick D Kellogg

(Address) 2252 Chatfield Drive, Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Cleveland Ohio Date May 12 1937

19. UNDERTAKER John Oberlechtner & Sons

(Address) 1900 Euclid Ave Cleveland Ohio

21. [illegible] 19 [illegible] Registrar

Y 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to May 10, 1937

I last saw her alive on May 10, 1937. Death is said to have occurred on the date stated above, at 10:40 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	May 5
	over

Other contributory causes of importance:

Uremia	May 3

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Howard A Kelly M. D.

(Address) Howard A Kelly Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 35391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35391

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Clifton Ave St., 15 Ward) Registered No. 15-9 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Theodocia Fay Kaufman

(a) Residence: No. 3813 Clifton Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 3 - 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	2.	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

FATHER

13. NAME Edward M. Kaufman

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Virginia

MOTHER

15. MAIDEN NAME Daisy M. Ridings

16. BIRTHPLACE (city or town) (State or country) Jefferson Co. W. Virginia

17. INFORMANT Edward M. Kaufman

(Address) 3813 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem., Date May 12 1937

19. UNDERTAKER Wagner Bros. Inc.

(Address) 1605 N. North ave.

FILED MAY 11 1937 Herrington Williamson, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1936 to May 9, 1937

I last saw her alive on May 9, 1937. Death is said to have occurred on the date stated above, at 7-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the Spine -	?
Broncho-pneumonia -	5/8/37
Other contributory causes of importance:	
Rheumatic Carditis -	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Wesley Edel M. D.

(Address) 3403 Garrison Blvd

35392 F 35392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Morgan

If U. S. Veteran specify WAR

(a) Residence: No. 756 Waverly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 13, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abingdon, Harford Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Handy
(Address) 1009 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. View Date May 11, 1937

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 3122 Edmondson Ave.

20. FILED MAY 11 1937 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1937 to May 8, 1937

I last saw h alive on May 8, 1937 Death is said to have occurred on the date stated above, at 8 ½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1936
Partial obstruction Pancreas	
Other contributory causes of importance:	
Syphilis	?
Arteriosclerosis	?

Was an operation performed? Not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard, M. D.

(Address) Emergency Hospital

F 35393

35393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 Cylburn Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME George W. Snow

(a) Residence: No. 2717 Cylburn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Snow

6. DATE OF BIRTH (month, day, year) May 22, 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jersey City Police

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Albany New York

FATHER

13. NAME Philip L. Snow

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Amelia M. Gregory

16. BIRTHPLACE (city or town) (State or country) Albany New York

17. INFORMANT Mrs. Ethel Matthews

(Address) 2717 Cylburn Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery New Jersey, N. J. Date May 13 1937

19. UNDERTAKER Ethel B. Cook

(Address) 1003 N. Baltimore St.

20. FILED MAY 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to May 10, 1937

I last saw him alive on May 9, 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	2 days
Senility	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles L. Reese, M. D.

(Address) 5276 Park Heights Ave.

35394 23 ✓ F 35394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. Willard M Lane — If U. S. Veteran specify WAR .....

(a) Residence: No. 828- 7th St- N.E. St., ... Ward. Wash D C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna

6. DATE OF BIRTH (month, day, year): 3-28-87

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N.C.

FATHER

13. NAME: David Lane

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Hattie Watson

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Cem Date 5-11-3 1937

19. UNDERTAKER: Wm Fraser & Son
(Address) 259- E. Lafayette Ave

20. FILED 1931 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to May 10, 1937

I last saw him alive on May 10-, 1937 Death is said to have occurred on the date stated above, at 11.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculer of cerebellum	
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 3, 1937

For what disease or injury? Tuberculer of cerebellum

Name of operation Cerebeller exploration

What test confirmed diagnosis? Op Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason M. D.

(Address) Johns Hopkins Hospital

H

35395 38

HEALTH DEPARTMENT—CITY OF BALTIMORE 35395

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward) 18

Registered No. 95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Cole

If U. S. Veteran specify WAR .....

(a) Residence: No. 913 W Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo.

6. DATE OF BIRTH (month, day, year) 3/10/06

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Geo Foster

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Ida Ransom

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Point Va. Date May 12, 1937

19. UNDERTAKER Mr Katz R. Williams

(Address) 322 E. Lexington St.

20. FILED ..... 19..... Registrar.

MAY 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to May 9 1937

I last saw her alive on May 9 1937 Death is said to have occurred on the date stated above, at 2p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Kidney Disease	1935
Arteriosclerosis	Years
Uremia	May 1937

Other contributory causes of importance: Myomata Uteri

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Thos H. Hawland, M. D.

(Address) Johns Hopkins Hospital

F 35396

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35396

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1126 Sargeant St., 2 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J Mathews

(a) Residence: No. 1126 Sargeant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucinda Mathews

6. DATE OF BIRTH (month, day, year) Jan 21. 1865.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72.	3.	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Mathews

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Lucinde

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lucinda Mathews

(Address) 1126 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date 5/13/1937

19. UNDERTAKER John J Cowan & Son

(Address) 1 E Lexington St

Registrar

MAY 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/1937

22. I HEREBY CERTIFY, That I attended deceased from January 1937 to 5/10/37, 19..... I last saw him alive on 4/10/37, 19..... Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Embolism 4/10/37

Other contributory causes of importance:

Cardiac Insufficiency 5/8/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ...

(Signed) Thos Howard Davis M. D.

(Address) 1 E Mount Pl

Spec.—2-29-28—L. F. S.—500 Bks.

SURVIL

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35397

CERTIFICATE OF DEATH

48

F 35397

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Stella Survil

(a) RESIDENCE NO. 1009 Bayard ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? 25 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Survil

6 DATE OF BIRTH (month, day, and year) Oct 8, 1895

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lithuania

PARENTS

10 NAME OF FATHER Antanas Baltrusatis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Domicele Baltrusatis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lithuania

14 Informant Anthony Survil

(Address) 1009 Bayard St

15 Filed MAY 11 1937 Washington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-9-37

17

I HEREBY CERTIFY, That I attended deceased from Apr. 25, 19 37, to May 9, 19 37,

that I last saw her alive on May 9, 19 37

and that death occurred, on the date stated above, at 8 20 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cervix with Multiple metastases

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia & exhaustion

Failure (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Dropsy

(Signed) Manuel Dodaro, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	May 12 1937
20 UNDERTAKER	ADDRESS
John Grebliauckas	423 S. Paca

35398 E 35398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-16 Calvert)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Marion Warrington

If U. S. Veteran specify WAR

(a) Residence: No. 1723 E. 31st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Warrington

6. DATE OF BIRTH (month, day, year) Nov. 24 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	14/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) April, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

13. NAME Mrs. D. Mott

14. BIRTHPLACE (city or town) (State or country) Newark N. J.

FATHER

15. MAIDEN NAME Emma Trautter

16. BIRTHPLACE (city or town) (State or country) Newark N. J.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Lakewood Cem. Date May 11. 1937

19. UNDERTAKER Fred. A. Hayes & Son

(Address) 1216 N. Charles St.

20. FILED Huntington Williams M. D.

MAY 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1937 to May 8, 1937

I last saw her alive on May 8, 1937 Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 6
Acute cholecystitis	April 11
Suppurative process	

Other contributory causes of importance:

Diabetes Mellitus Duration?

Was an operation performed? Yes Date of April 21, 1937

For what disease or injury? Pyogenic Abscess

Name of operation Drainage of Suppurative Abscess

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Grafton Kerfoot M. D.

(Address) Mercy Hospital.

E 35399

HEALTH DEPARTMENT—CITY OF BALTIMORE

35399

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Jail St., 2-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Harris

(a) Residence: No. 729 S. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month) and (year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Frank Bananoskwi
(Address) 729 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place W. W. Wilkins Date 5-12-37
Oak Lawn
Huntington Milligan Mgr.
Undertaker

19. UNDERTAKER
(Address) 1217 E. Fort Ave

20. [illegible]

11 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state

(Signed) Orrin B. Wallace M. D.

(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

F 35400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

328662

F 35400

47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt Buchan

If U. S. Veteran specify WAR

(a) Residence: No. 24 Tazewell St., Ward. Tazewell Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fanny

6. DATE OF BIRTH (month, day, year) 1/20/06

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemical worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME L. C. Buchan

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Cora ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bluefield Va. Date 5/11/ 1937

19. UNDERTAKER John A. Mitchell & Son (Address) 1900 Eutaw Place

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to May 11 1937

I last saw him alive on May 11 1937 Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

Cancer of lung and lung abscess — Date of onset Nov. 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of May 11, 1937

For what disease or injury? Lung abscess

Name of operation Thoracotomy

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick C. Wharton M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

35401 F 35401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17898-F 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fentrice Briscoe

If U. S. Veteran specify WAR

(a) Residence: No. 1213 McCulloh Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony

6. DATE OF BIRTH (month, day, year) 8-25-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Carpenter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Curtis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date May 12 1937

19. UNDERTAKER Mrs. Georgette Ellard
(Address) 1631 Druid Hill Ave

20. [illegible] Registrar.

11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-13 1936 to 5-9 1937

I last saw her alive on 5-9 1937 Death is said to have occurred on the date stated above, at 3:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. C. Brantigan M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

35402 E 35402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (Ward) 27

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 2325 Ivy Ave (Ward) .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Smith

6. DATE OF BIRTH (month, day, year): 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Postal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Post Office

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 1086

12. BIRTHPLACE (city or town) (State or country): Baltimore md

FATHER

13. NAME: Henry Smith

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: unk

16. BIRTHPLACE (city or town) (State or country): unk

17. INFORMANT: Mary Smith

(Address) 2328 Ivy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Potters Cemetery May 13 1937

19. UNDERTAKER: Mrs George Holland

(Address) 1631 Pennsylvania Ave

MAY 11 1937

Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pericarditis	May 5 1937
Other contributory causes of importance: Thyrocarditis	April 1 1937

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.

Coroner

(Address) 507 Lexington St

OCCUPATION is very important. See instructions on back of certificate.

USE

35403 E 35403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-15 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital, (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Amelia Shaw If U. S. Veteran specify WAR No Record

(a) Residence: No. 2209 Chilkam Rd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of Howard C. Shaw

6. DATE OF BIRTH (month, day, year) July 6th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Herbert Strohmeier

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Anna Stringfort

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Howard C. Shaw (Address) 2209 Chilkam Rd

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date May 14th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED MAY 17 1937, 19 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-37

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1937, to 5-11-1937

I last saw her alive on 5-11-1937 Death is said to have occurred on the date stated above, at 12 42 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pancreatitis	
acute cholecystitis	
Chronic cholelithiasis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-4-37

For what disease or injury? Chronic cholecystitis

Name of operation Chole cystostomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Williams M. D.

(Address) Md. General Hospital

F 35404

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35404

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 N. Calvert St. St., 11-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mina Farah Blind Reid

If U.S. Vet. specify WAR No Record

(a) Residence: No. 1210 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Reid

6. DATE OF BIRTH (month, day, year) Jan 6, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Paris France

FATHER

13. NAME August Blind

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Marie Farah

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Virgil Lewis

(Address) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 12th, 1937

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

MAY 12 1937 E. F. Pitt Registrar

Huntington Printing Co., Md.

OCCUPATION IS very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3— , 1937, to May 11— , 1937

I last saw h[er] alive on May 10 , 1937. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hardening of Arteries —	?
Chronic Myocarditis —	?
Other contributory causes of importance: Sarcomatous Cutis —	?
Gangrene —	few weeks

Was an operation performed? no — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? clinical — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Chas. W. Lamed, M. D.

(Address) 132 Park Ave —

F 35405

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35405

CERTIFICATE OF DEATH

93-e

12-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 St. Paul St. St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John MacEwen

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2022 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura S. MacEwen

6. DATE OF BIRTH (month, day, year) June 16, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stair Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Seaforth (State or country) Ontario Canada

FATHER

13. NAME Hugh MacEwen

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Earnest H. MacEwen

(Address) 2022 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date May 13th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19

MAY 12 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1937, to May 11, 1937

I last saw him alive on May 10, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration + dilation of heart — Date of onset 4-15-37

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? auscultation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Bouchelle M. D.

(Address) 2104 St. Paul ST.

F 35406

35406 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Division St., 17-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ada L. Thompson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1125 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 5070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME John L. Lee

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary J. Cole

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Matthews

(Address) 1125 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Park Date May 12 1937

19. UNDERTAKER Mrs. Ida Bailey

(Address) 1721 Jefferson St

20. FILED MAY 12 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to May 8, 1937

I last saw her alive on May 8, 1937. Death is said to have occurred on the date stated above, 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. Garland Schmidt M. D.

(Address) 1334 - Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

35407

HEALTH DEPARTMENT—CITY OF BALTIMORE

35407

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Arlington St., 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Jane Lee

(a) Residence: No. 1406 Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. W. Lee

6. DATE OF BIRTH (month, day, year) Mar 12 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME Dennis Alston

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Sarah Alston

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs Annie Moody

(Address) 1302 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Mem Park Date May 13 1937

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson St

20. FILED Huntington Williams, Registrar.

MAY 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to May 10, 1937

I last saw her alive on May 9, 1937. Death is said to have occurred on the date stated above, 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Corybonalitis Apoplexy.	April 29 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

(Address) 50 Augusta St.

OCCUPATION is very important. See instructions on back of certificate.

F 35408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35408

82-W

S-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 N. Bond St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH HAMMEL

If U. S. Veteran specify WAR

(a) Residence: No. 1541 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvina Hammel

6. DATE OF BIRTH (month, day, year) March 7, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1937

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Hammel

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Theresa Musser

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Alvina Hammel
(Address) 1541 N. Bond St,

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 12 1937

19. UNDERTAKER John Ulrich
(Address) East Fayette

FILED MAY 12 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1937 to May 9 1937

I last saw h. alive on May 9 1937 Death is said to have occurred on the date stated above, at 10:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 Year
Cerebral Arteriosclerosis	5 yrs
Other contributory causes of importance: Cerebral Thrombosis	3/4/37

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy of prostate Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Arnstein M. D.

(Address) 2025 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

F 35409 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35409

CERTIFICATE OF DEATH

9-6 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E. 29th Street. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 8mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE E. FAUL

If U. S. Veteran specify WAR

(a) Residence: No. 1600 E. 29th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry J. Faul

6. DATE OF BIRTH (month, day, year) Sept. 30, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Grimmel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Denk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J.F. Hart

(Address) 1600 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 12 1937

19. UNDERTAKER John Ulm & Son

(Address) 2110 Eutaw

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1936, to May 9, 1937

I last saw her alive on May 9, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by Foreign Body	

Other contributory causes of importance:

Incarcerated & Strangulated Inguinal Hernia

Was an operation performed? Autopsy Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Grimm M. D.

(Address) 4918 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

AVS 1937 Huntington Printing Co. 3/11/37

F 35410

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35410

CERTIFICATE OF DEATH

26-1095-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 S Clinton St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Koschella

If U. S. Veteran specify WAR

(a) Residence: No. 227 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leopold Koschella

6. DATE OF BIRTH (month, day, year) Jan 7. 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Leopold Koschella

(Address) 227 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 14 1937

19. UNDERTAKER John Ulrich

(Address) 200 S Eden

20. FILED MAY 12 1937 Huntington Hilliard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1936, to May 11, 1937

I last saw him alive on May 11, 1937 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular disease	?
Cerebral Hemorrhage	5/11/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius H. Gordon, M. D.

(Address) 2400 E Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

35411

HEALTH DEPARTMENT—CITY OF BALTIMORE

35411

CERTIFICATE OF DEATH

26-3 150

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Chesterfield Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME BARBARA KEITZEL

(a) Residence: No. 3002 Chesterfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Keitzel

6. DATE OF BIRTH (month, day, year) April 6, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Stevens

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Dora Dittmar

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Chas. H. Louis
(Address) 3002 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 12 19 37

19. UNDERTAKER John Gilbert
(Address) 2228 Eden

MAY 12 1937 Huntington Williams Burial Permit

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937 to May 9, 1937.

I last saw her alive on May 9, 1937. Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage &	
Paraplegia.	4/6/37
Other contributory causes of importance:	
Carcinoma of right breast	Aug. 36
Carcinoma of Gall Bladder	Jan. 37

Was an operation performed? Yes. Date of Feb. 10/37

For what disease or injury? Carcinoma of Gall Bladder

Name of operation Cholecystectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Allan G. Fitzgerald, M. D.

(Address) 613 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

35412

F 35412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 W Lanvale 16 2nd Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ephan C. Hall

If U.S. Veteran specify WAR ...

(a) Residence: No. 1439 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian Hall

6. DATE OF BIRTH (month, day, year) June 1, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P G

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Hall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Randall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Hall

(Address) 1439 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date May 15, 1937

19. UNDERTAKER T. E. Nelson

(Address) 1322 Freestman St

20. FILED MAY 12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936 to May 11, 1937

I last saw him alive on May - 10 1937. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Renal-Vascular Syndrome — Date of onset Jan 36

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. N. Hatchy M. D.

5/11/37 (Address) 1 W Pa Ave

OCCUPATION is very important. See instructions on back of certificate.

35413

Grave #16

HEALTH DEPARTMENT—CITY OF BALTIMORE

35413

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found floating in Harbor Pier, Clinton St. 16-6 St., Ward)

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Unknown

If U. S. Veteran specify WAR

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Police Sergt Henry
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date MAY 11 1937 19

19. UNDERTAKER
(Address) Commissioner of Health
Per M. A. Moore
Registrar

20. FILED MAY 12 1937 19

MEDICAL CERTIFICATE OF DEATH

Probably Drowning

21. DATE OF DEATH (month, day, year) May 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably drowning	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Probably accident Found May 6, 1937 Date of injury

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Found floating in harbor

Manner of injury Probably drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. J. Wangert, M. D.
Coroner

(Address) 1010 S. Ellwood Ave

Standard Certificate. Every question must be answered. OCCUPATION is very important. See instructions on back of certificate.

MAY 12 1937

Burial Permit Issued

M. D. P. 1208-9

F 35414

35414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-7-95-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 W. Franklin St. Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Husselbaugh,

(a) Residence: No. 3509 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) November 13.1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpet Upholster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 55 Yrs

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Sadie Husselbaugh,
(Address) 3509 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date MAY 14 1937

19. UNDERTAKER See Mr Little
(Address) 2700 Edmondson Ave.

20. FILED MAY 12 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11 1937

22. I HEREBY CERTIFY, That I attended deceased from 3/4 1937 to 5/11 1937.

I last saw him alive on 5/10 1937. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic cardio vascular degeneration & myocardial failure	
Other contributory causes of importance: Senility	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. E. Purdy, M. D.

(Address) 3332 Edmondson Ave,
3 S. Road.

OCCUPATION is very important. See instructions on back of certificate.

35415

HEALTH DEPARTMENT—CITY OF BALTIMORE

35415

CERTIFICATE OF DEATH

5-175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., E-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 24 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin Stewart

If U. S. Veteran specify WAR .....

(a) Residence: No. 445 N. Bond St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Dec 1 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Stewart

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 17 1937

19. UNDERTAKER Edw. Bryan

(Address) 12 41 Arlington st

20. FILED MAY 19 1937 19 ..... Wilmington Del.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5/8/, 1937

Where did injury occur? Fenton St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Injured during a fight

Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreyer, M. D. Coroner

(Address) 1917 E. North Ave.

VS 6

O.K. - Paul Schenley, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35416

CERTIFICATE OF DEATH

94 F 35416

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Rebecca Levitsky

If U. S. Veteran specify WAR

(a) Residence: No. 212 S. Ann St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 5/12/37

19. UNDERTAKER Jack Levenson

(Address)

20. FILED MAY 13 1937 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12-37. 19

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937, to May 12, 1937

I last saw her alive on May 12, 1937. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema — Date of onset

Coronary Thrombosis - ?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Lieman, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 35417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21944-EF F 35417

Registered No. 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Max Smeyne

If U. S. Veteran specify WAR

(a) Residence: No. 1524 Fulton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca Smeyne

6. DATE OF BIRTH (month, day, year) 6-15-1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~None~~ Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aser ~~Baruch~~ Smeyne

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Washington Rd Date 5-12-37 19

19. UNDERTAKER Jas. F. Lewis & Bro. Inc.
(Address) 1439 E. Baltimore St.

Filed MAY 12 1937 Washington Hill Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-17, 1937, to 5-11, 1937

I last saw him alive on 5-11, 1937 Death is said to have occurred on the date stated above, at 9:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3 yrs.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35418 F 35418

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 S. Robinson St. | 1-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Romaker

(a) Residence: No. 431 S. Robinson St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Romaker

6. DATE OF BIRTH (month, day, year) Oct. 17 - 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tank Board

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Romaker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna P

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Benj. Romaker

(Address) 431 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 3/14 - 1933

19. UNDERTAKER Lilly & Zeiler

(Address) 408 N. York St.

20. FILED 3/13/33 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/10, 1933

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to ... on the day stated above.

11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Carbuncle	

Other contributory causes of importance:

Coronary embolism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P. M. Wright M. D. Coroner

(Address) 1010 S. Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S S

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35419 F 35419

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 247 S. Highland ave Ward) 2-a-93-C 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence F. Britt

If U.S Veteran specify WAR .....

(a) Residence: No. 247 S Highland ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) Dec 25 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Francis Britt

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Knight

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT George Brown

(Address) 513 N Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 15 1937

19. UNDERTAKER Martin H & Wippel

(Address) 37 S Amity St

MAY 12 1937

Evelyn Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to May 12 1937

I last saw him alive on May 11 1937. Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Feb 1

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Evelyn Williams M. D.

(Address) 247 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

F 35420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 F 35420

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hospital St., 1-3 Ward)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Gray

If U.S. Veteran specify WAR ....

(a) Residence: No. 723 S. Lakewood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Gray

6. DATE OF BIRTH (month, day, year) June 23 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Manufactory

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Gray

14. BIRTHPLACE (city or town) (State or country) Boston Mass.

MOTHER

15. MAIDEN NAME Mary Ellen Doyle

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Nora Gray

(Address) 723 S. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date May 13 1937

19. UNDERTAKER Henry Sander & Son, Inc.

Baltimore St. & Broadway

20. FILED MAY 12 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10-37 19

22. I HEREBY CERTIFY, That I attended deceased from 5-4-37 19 to 5-10-37 19

I last saw h. alive on 5-10-37 19 Death is said to have occurred on the date stated above, at 6.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive Cardio-Vascular Renal Disease	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nathan Wolf, M. D.

(Address) South Balto Gen Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 35421

HEALTH DEPARTMENT—CITY OF BALTIMORE

U-755

F 35421

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St., 14-3108 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Dent

If U.S. Veteran specify WAR .....

(a) Residence: No. Unknown 2216 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) June 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 ~~66~~	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Porter 9070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Dent

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Dodson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) Baltimore City Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 13 1937

Mrs. George H. Dent

Allen R. Hollis

1637 Druid Hill Ave

19. UNDERTAKER .....

(Address) .....

20a. FILED MAY 12 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-11- , 1923 to 5-10- , 1937

I last saw him alive on 5-10- , 1937. Death is said to have occurred on the date stated above, at 7:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5-7-37
Other contributory causes of importance:	
Paranoid schizophrenia	1923

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) A. Reymert , M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

35422

F 35422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Tudor Arms Apts University Pkwy 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 6 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Keyser Bachrach

If U. S. Veteran specify WAR

(a) Residence: No. Tudor Arms Apts University Pkwy Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Bachrach

6. DATE OF BIRTH (month, day, year) October 14, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

FATHER

13. NAME Moses Keyser

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Betty Preiss

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Alma S. Rolltog

(Address) 210 E Bolton St

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Fort Lincoln Cem Date May 11 1937

19. UNDERTAKER David Sonnheim - Son

(Address) 1902 Eutaw Place

20. FILED ... 19 ... Registrar

MAY 12 19

Washington Thomas, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1936, to May 11, 1937

I last saw her alive on May 11, 1937 Death is said to have occurred on the date stated above, at 7.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis; 8th dorsal vertebra with paravertebral abscess	Aug 25

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Alma S. Rolltog, M. D.

(Address) 210 E Bolton St.

F 35123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23364--CM

F 35123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 22-182 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Sisson If U. S. Veteran specify WAR

(a) Residence: No. 200 E. Montgomery St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton L.

6. DATE OF BIRTH (month, day, year) 3-9-1882 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 ~~55~~	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joe Hainey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Indy Mason

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Walnut Point Va Date May 12, 1937

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. Filed 19 [illegible] Registrar.

5 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1937, to 5-11, 1937

I last saw her alive on 5-11, 1937 Death is said to have occurred on the date stated above, at 10.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10 Days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John F. Kanney M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 35424

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

35424

CERTIFICATE OF DEATH

22887-E Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 11-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Charles Dorsey

(a) Residence: No. 1019 McColloh St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bessie Dorsey

6. DATE OF BIRTH (month, day, year): 10-17-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sheppardstown, W.Va.

FATHER

13. NAME: Henry Dorsey

14. BIRTHPLACE (city or town) (State or country): W.Va.

MOTHER

15. MAIDEN NAME: Nannie Hopewell

16. BIRTHPLACE (city or town) (State or country): W.Va.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: UNIVERSITY MEDICAL SCHOOL MAY 12 1937
Commissioner of Health

19. UNDERTAKER
(Address)
For M. A. Moore
Registrar

20. FILED MAY 12 1937 3201

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20 1937, to May 8, 1937

I last saw him alive on May 8, 1937. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-5-37
	prob
Other contributory causes of importance: Cerebral thrombosis	4-13-37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dr. C. de Lamar Lambdin M. D.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

✓ F 35425

35425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23416 F

Registered No. 58

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Hammond

(a) Residence: No. 1531 Linden Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Hammond

6. DATE OF BIRTH (month, day, year) 3-4-1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME Joseph Berberka

14. BIRTHPLACE (city or town) (State or country) Czechoslavakia

MOTHER

15. MAIDEN NAME Antonia ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 12 1937 19

19. UNDERTAKER Commissioner of Health
(Address) For W. A. Moore

MAY 12 1937 Huntington Williams, M.D.

(Filed) 3200

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1937 to 5-10 1937

I last saw h. alive on 5-10 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	1 yr.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

35126 ✓ E 35126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Club St. Chas & Madison Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter M. S. Wolfe

If U. S. Veteran specify WAR

(a) Residence: No. Oak Lane Catonsville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marg M. Naughton

6. DATE OF BIRTH (month, day, year) Nov 4 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Wm. F. Wolfe

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Margaret M. Gilhaus

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Edward A. Fauvergue

(Address) Treas Dept Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Va. Date May 13 1937

19. UNDERTAKER Chas Ortenthal & Sons

(Address) 1900 Eutaw Place

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1924 to May 11, 1937

Last saw h[illegible] alive on May 9, 1937. Death is said to have occurred on the date stated above, at 1.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocarditis	over ?
Other contributory causes of importance: Cerebral Hemorrhage	5/11/37

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wilmer Bee Ford M. D.

(Address) 20 E. Preston St Baltimore, Md.

MAKE CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 8 3 1021 1001

35427 F 35427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3708 Ridgecroft St. Rd. 7-1 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 52 yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Folio

If U. S. Veteran specify WAR .....

(a) Residence: No. 3708 Ridgecroft Rd. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dominick Folio.

6. DATE OF BIRTH (month, day, year) ABOUT Oct. 26, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
ABOUT	59	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home. 00W

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME John Schiavetti

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Covatti

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Mrs. Joseph C. Vanich.
(Address) 3708 Ridgecroft Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/13/1937

19. UNDERTAKER Wroan Lemmon.
(Address) 411 York Heights.

FILED MAY 12 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June ~~1~~ 1934 to May 10 1937

I last saw her alive on May 10, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1934

Other contributory causes of importance:

Gall Bladder Disease	00W

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J S Harding, M. D.

(Address) 4818 Belair Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave no blanks. If OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

F 35428

HEALTH DEPARTMENT—CITY OF BALTIMORE

35428

82-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Manhattan ... St. 27-14 (Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Ann Parry

(a) Residence: No. 3020 Manhattan av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Parry

6. DATE OF BIRTH (month, day, year) April 19-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 37

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Tonoequa Pa.

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) England

FATHER

15. MAIDEN NAME Sarah Ann Parry

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Thomas J. Mohan

(Address) 3020 Manhattan av

18. BURIAL, CREMATION, OR REMOVAL

Place Odd Fellows Cem. Tonoequa Pa. Date April 13. 1937

19. UNDERTAKER Frank A. Newell

(Address) Pikesville Md

12 1937 ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate. Each statement must be answered in full, as far as is possible, or a reason given for failure to do so. Each question must be answered in full, as far as is possible, or a reason given for failure to do so.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6 . 1937 to May 10 . 1937

I last saw her alive on May 10 1937 death is said to have occurred on the date stated above, at 11:20 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	May 6-37
Other contributory causes of importance: Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so specify ...

(Signed) Edward Novak, M. D.

(Address) Medical Arts Bldg.

F 35129

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35129

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 757 W. Saratoga St. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME RAYMOND RUSSELL

If U. S. Veteran specify WAR .....

(a) Residence: No. 757 W SARATOGA St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	COL	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARIE

6. DATE OF BIRTH (month, day, year) 12/25/1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34 35	4	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tractor Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LABORER

10. Date deceased last worked at this occupation (month and year) 5/3/37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME JESSIE RUSSELL

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME IDA WITHERSPOON

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT MARIE RUSSELL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ANNAPOLIS, M. C. Date 5/14 19 37

19. UNDERTAKER William A Jackson

(Address) 416 Penna ave

FILED MAY 13 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/6/37, 19..., to 5/11, 1937

I last saw h... alive on 5/11, 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Acute Lobar Pneumonia	5/3/37
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) David Trauber, M. D.

(Address) 1 W Lee

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 35430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35430

CERTIFICATE OF DEATH

✓ 348

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 5 - 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Tyler

If U. S. Veteran specify WAR .....

(a) Residence: No. 1122 Comet St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grover Tyler

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Fountain

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James Albert
(Address) 1122 Comet St.

18. BURIAL, CREMATION, OR REMOVAL
Place MH - Auburn Date 5/13/37, 19

19. UNDERTAKER Wm A Jackson
(Address) 716 E Pennsylvania Ave

(Signed) ..... Registrar

MAY 13 1937 Baltimore, Md.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Aorta (Luetic)	

Other contributory causes of importance: Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1914 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35431

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte (Lottie) Ash

If U. S. Veteran specify WAR

(a) Residence: No. 1413 Harford Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pensioner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth Withers

(Address) 1413 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Odoy Cem. Md. May 13th 1937

19. UNDERTAKER Wm. Beantley Ave

(Address) 1 W Baltimore Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. Wm. Wrought Coroner, M. D.

(Address) 1010 S. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 13 1937

F 35432

35432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1510 N. Gilmor St., 16-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Smallwood

If U. S. Veteran specify WAR

(a) Residence: No. 1310 Harlem Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter Steaming Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant & Manufg

10. Date deceased last worked at this occupation (month and year) 00/0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Laventa Smallwood

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Vianna Rowe

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Patient. Deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbudes Cemet Date Thurs 13th 37 19

19. UNDERTAKER Ethan D Wilson
(Address) 1001 Brantley Ave

20. FILED 19

MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10- 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1937 to 5-10- 1937

I last saw him alive on 5-10- 1937. Death is said to have occurred on the date stated above, at 4:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-26-37

Other contributory causes of importance:

Pneumonia	
Heart Failure	

Was an operation performed? No Date of

For what disease or injury? none

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis E Hamm M. D.

(Address) 2340 Madison Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

E 35433 — 1331 E. North Ave. — E 35433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2564 Robb St. St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William M. Sheridan

If U. S. Veteran specify WAR .....

(a) Residence: No. 2564 Robb St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie L. Sheridan.

6. DATE OF BIRTH (month, day, year) Nov 2, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising Writer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Chicago

FATHER

13. NAME Redmond Sheridan

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Redmond F. Sheridan

(Address) 2564 Robb St.

18. BURIAL, CREMATION, OR REMOVAL See Cabbary Cem Chicago Date May 13, 1937

19. UNDERTAKER Ehrengut & Son

(Address) 3615 Eastern Ave

20. FILED ....., 19.....

Registrar.

MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1936 to May 12, 1937

I last saw h[im] alive on May 12, 1937. Death is said to have occurred on the date stated above, at 2.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel Wolfe M. D.

(Address) 1331 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35434 Fr Knapp - 1216 E. Preston St F 35434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2906 Bernard St. St. 12-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME John W. Maisel

If U. S. Veteran specify WAR .....

(a) Residence: No. 2906 Bernard St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Maisel

6. DATE OF BIRTH (month, day, year) May 10, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
81		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter B. & O. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Barbara Eckloff

(Address) 318 W. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Date May 14, 1937

19. UNDERTAKER Chenoweth Son

(Address) 3615 Eastern Ave

20. FILED ..... 19..... Registrar.

MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937 to May 11, 1937.

I last saw him alive on May 10, 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert C. Knapp M. D.

(Address) 1716 E. Preston St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35435

CERTIFICATE OF DEATH

F 35435

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Hoefling

If U. S. Veteran specify WAR .....

(a) Residence: No. 422 S. Register St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Sept 23 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobrer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md.

FATHER

13. NAME Caspar

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary A. Zipf

16. BIRTHPLACE (city or town) (State or country) Germ

17. INFORMANT Backyard Note (Sister)

(Address) 422 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date May 14 1937

19. UNDERTAKER Wm. L. Berman Son

(Address) 156 N. Luzerne

Registrar

MAY 13 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic myocarditis	

Other contributory causes of importance: Coronary embolism

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright M. D.

Coroner

(Address) 401 S. Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35436

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (Ward) 9

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sr. Mora Alcantara O.S.F. If U. S. Veteran specify WAR .....

(a) Residence: No. St. Joseph's Hospital (Baltimore) Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Sgle

6. DATE OF BIRTH (month, day, year) Oct. 28 1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	62	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Joseph Ambland

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Katherine Ghrid

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Records of St. Joseph's Hospital

(Address) Carolina & Oliver Sts

18. BURIAL, CREMATION, OR REMOVAL

Place Most Holy Redeemer Cem. May 14 1937

19. UNDERTAKER Tenney Street & Sons, Inc.

(Address) 1361 E. Eager St

MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937 to May 12, 1937

I last saw her alive on May 12, 1937 Death is said to have occurred on the date stated above, at 3 45/P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	4-26-37
Other contributory causes of importance: Hypertension.	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury — , 19.....

Where did Injury occur? —

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H. Brouillet M. D.

(Address) St. Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 35437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35437

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 W. North Ave. St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Euphemia Thompson

(a) Residence: No. 803 W. North Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 13, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	11 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Geo. J. Thompson

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Hannah Whitelock

16. BIRTHPLACE (city or town) (State or country) Penfield Co. Md

17. INFORMANT [illegible] (Address) 1203 Eutaw Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 13 1937

19. UNDERTAKER Nat A Reynolds Inc
(Address) 1216 E Baltimore St.

20. FILED June 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1936 to May 11, 1937

I last saw h[illegible] alive on May 11, 1937. Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis	
Intestinal Hemorrhage	May 11 1937
Other contributory causes of importance: Carcinoma Primary in Ovaries	

Name of operation Exploratory Date of 1936

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank H Hurt M. D.

(Address) 4037 Falls Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

C P A S D

35438 F 35438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Barnes St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lulu Morge

(a) Residence: No. 1621 Barnes St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Morge

6. DATE OF BIRTH (month, day, year) 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis Norfolk

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Willie Mae Hamblin

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alfred Morge

(Address) 1621 Barnes

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 5/13/ 1937

19. UNDERTAKER Bernard P. Hennessey

(Address) 818 Druid Hill Ave, City

20. FILED MAY 13 1937 Pennington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Breast	Dec 1 1936

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) George S. Collins, M. D.

(Address) 509 Cathedral St

HEALTH DEPARTMENT—CITY OF BALTIMORE

35439 35439

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. 18-3

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Higgins

If U. S. Veteran specify WAR World War

(a) Residence: No. 918 W. Pratt St., Balto. Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) July 2, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse Shoer ob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 09

10. Date deceased last worked at this occupation (month and year) August 1936

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Higgins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Neddie McGruder

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL. Place National Lawn Date 5/15/ 1937

19. UNDERTAKER John J. Cowal & Son (Address) 1901 Wallace St.

MAY 13 1937

..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to May 12, 1937

I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 12:42 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac disease, valvular,	
combined lesions, aortic and mitral	1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) T. B. W. Anderson M. D.

(Address) U. S. Marine Hospital, Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

35440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35440

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. ×√108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. ST. 19-E WARD)

2—FULL NAME Mrs. Nellie Moser

(a) RESIDENCE NO. Owings Mills, Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence L. Moser

6 DATE OF BIRTH (month, day, and year) Nov. 6 1888

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	7 6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co
(State or country)

PARENTS

10 NAME OF FATHER J. Benson

11 BIRTHPLACE OF FATHER (city or town) md
(State or country)

12 MAIDEN NAME OF MOTHER Ida Gore

13 BIRTHPLACE OF MOTHER (city or town) md
(State or country)

14 Informant Clarence L. Moser

(Address) Owings Mills Md

15 Filed MAY 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 13/37

17 I HEREBY CERTIFY, That I attended deceased from May 11, 1937, to May 13, 1937, that I last saw h.. alive on May 13, 1937 and that death occurred, on the date stated above, at 9½ A m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Secondary anemia 6 w.

Pleural effusion (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X-ray

(Signed) George E. Burgtorf, M. D.

19 (Address) Ellicott City, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury M. E. Cem. DATE OF BURIAL May 15 1937

UNDERTAKER J. F. Eline ADDRESS Sons Reisterstown Md

OF DEATH in plain terms, so that it may be properly classified. Last statement of occupation is important. See instructions on back of certificates.

F 35441 328847

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35441

51-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 2-3 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sebastian Kasek

If U. S. Veteran specify WAR .....

(a) Residence: No. 620 S Ann St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ? Kasek Poland

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date May 15, 1937

19. UNDERTAKER M. J. Sadowski & Sons

(Address) 1804 Eastern Ave.

20. FILED ..... MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6. 1937, to May 13, 1937.

I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 2 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate with metastases	May 1936
Jaundice	

Other contributory causes of importance:

Intestinal obstruction	

Was an operation performed? Yes Date of 4/24/36

For what disease or injury? .....

Name of operation Transurethral resection

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. Hooker M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× ✓ 107 F 35442

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hospital Ward 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Livingston

If U. S. Veteran specify WAR

(a) Residence: No. 1915 Pennsylvania Ave Ward. Senator Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 6, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington Va

FATHER

13. NAME Thurman Livingston

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Dickerson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Thurman Livingston

(Address) 1915 Penna. Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/13 1937

19. UNDERTAKER Thomas E. Nelson

(Address) 1363 Baltimore

20. FILED MAY 13 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5, 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5, 10, 1937 to 5, 12, 1937

I last saw him alive on 5, 12, 1937 Death is said to have occurred on the date stated above, at 5:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5, 7, 37
Other contributory causes of importance: Rickets	9, 6, 36

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James R. Carr M. D.

(Address) 515 Mulberry St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35443

F 35443 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W Biddle St., 11-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Jennie Fridman

If U. S. Veteran specify WAR _____

(a) Residence: No. 212 W Biddle St., Ward. (May 11/37)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) April 3-1917

7. AGE: Years 20 | Months 1 | Days 9 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME George Fridman

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Minnie Brown

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Minnie Broadman

(Address) 212 W Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cemetery Date May 15, 1937

19. UNDERTAKER Adolph Halstead

(Address) 9 E Eager St Baltimore

20. FILED MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above named person on the above date; that I last saw ___ alive on ___; that I was present at the death of ___ which occurred on the date stated above; that I have attended ___ during the following illness: ___

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Influenza Pneumonia	May 10 1937
Other contributory causes of importance:	

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___ Date of ___

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? If so, specify ___

(Signed) George L. Allen M. D.

(Address) 56 Fairmount Ave

* state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35444

HEALTH DEPARTMENT—CITY OF BALTIMORE

23306---CM

F 35444

CERTIFICATE OF DEATH

V 24

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 19-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Joseph Richards

(a) Residence: No. 233 S. Fulton Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	WiDowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Victoria

6. DATE OF BIRTH (month, day, year) 10-23-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Cab Co

10. Date deceased last worked this occupation (month and year) March 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Simpson Richards

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Lydia Karnar

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Oak Lawn Date May 13 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

22a. FILED St. Engr. Mar. MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-4-1937 to 5-10-1937

I last saw him alive on 5-10-1937 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	14 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35445

F 35445 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Wheeler Ave St. 70-72 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Burr Bosley

(a) Residence: No. 9 N Wheeler Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W.

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert L. Bosley

6. DATE OF BIRTH (month, day, year) June 28 1858

7. AGE — Years 78 | Months 10 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va

FATHER

13. NAME Eldridge Burr

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Mary E Burr

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Jos Bosley (Son)
(Address) 9 N Wheeler st

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 5/13 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

MAY 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-37

22. I HEREBY CERTIFY, That I attended deceased from May 2 1937 to May 11 1937

I last saw h[illegible] alive on May 5 1937. Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	3 Yrs
Myocardial Degeneration	6 Mos
Other contributory causes of importance:	
Senile Debility & Heart	3 Hrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, County, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. L. Burr M. D.

(Address) 716 Cathedral St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35446 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35446

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Fleet St. St., 1-4 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary O'Konski

If U. S. Veteran specify WAR .....

(a) Residence: No. 2220 Fleet St St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael O'Konski

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Antoni O'Konski (Son)
(Address) 2523 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date May 15 1937

19. UNDERTAKER Fred W Grabowski
(Address) 1930 Eastern Ave.

20. [illegible]

MAY 13 1937 [illegible]

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

acute dilatation cardiac	

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. F. Wright M. D.
Coroner

(Address) 1010 S. Edmondson Ave.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 35447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35447

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 9-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Estelle Shipley

If U. S. Veteran specify WAR

(a) Residence: No. 3527 Old York Road, St., CITY Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) Sept 18 1935

7. AGE Years	Months	Days	LESS than 1 day, ... hrs. or ... min.
1	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Memorial

FATHER

13. NAME Benjamin H Shipley

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Edna E Bechtel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Robert H Bechtel (Address) 3525 Old York Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date May 14 1937

19. UNDERTAKER Geo Schilling & Sons (Address) 1124 Pres St Baltimore Md

20. FILED ... 19... Registrar.

MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12/1937

22. I HEREBY CERTIFY, That I attended deceased from 5/11/37 ... 19... to 5/12 ... 19 37

I last saw h.s.r. alive on 5/12/ ... 19 37 Death is said to have occurred on the date stated above, at 1250 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull with cerebral hemorrhage and laceration Z brain	5/11/37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? Home / 3527 Old York Rd City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fell from 2nd Story Window To Pavement Below

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) S. D. Sunday, M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35448 F 35448

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 14-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Williams (23263) If U. S. Veteran specify WAR .....

(a) Residence: No. 1521 Myrtle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Georeg

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Annie Lee

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/13/37 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

MAY 13 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937 to May 9, 1937
I last saw him alive on May 9, 1937 Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	April 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon H Feldman M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35449

35449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Reisterstown Rd St., 15-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth ? yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Herman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2900 Reisterstown Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Solomon Herman

6. DATE OF BIRTH (month, day, year) July 26, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Maxwell Goldberg

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rachel Grabowsky

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm. H. Herman

(Address) 2900 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oheb Shalom Cem. Date May 14, 1937

19. UNDERTAKER Harold Sondheim & Son

(Address) 1900 Eutaw Place

FILED MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934 to May 12, 1937

I last saw h[illegible] alive on May 12, 1937. Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/4/34
Other contributory causes of importance: Cerebral & General arteriosclerosis - Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Coroner Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milton B. Kost M.D.

(Address) 2904 Reisterstown Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35450

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 18-1 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Gamble

(a) Residence: No. 407 N. Appleton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married (common law)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Cornish

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retail merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. junk gatherer & salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Georgenia Hunt

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eva Cornish (Address) 407 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 15, 37

19. UNDERTAKER Mr. Kates R. Williams (Address) 22 E. Lexington St.

MAY 13 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) May 10, 1937

I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the cervical vertebra	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, ~~homicide~~? Accident Date of Injury May 8, 1937

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of Injury Fall down stairs

Nature of Injury Fracture vertebra

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 E. Eldwood Ave

V S 6

information should be carefully supplied. Any inaccuracy will state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35451

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 Roslyn Avenue St. 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Lida J. Bradyhouse

If U. S. Veteran specify WAR .....

(a) Residence: No. 2303 Roslyn Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Dec. 16, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Bradyhouse

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Dunn

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Mae G. Bradyhouse
(Address) 2303 Roslyn Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 5/14 19 37

19. UNDERTAKER Henry A. Meamon Son
(Address) 845 N. Gilmor St.

20. FILED MAY 14 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 11- 37

22. I HEREBY CERTIFY, That I attended deceased from April. 1937 19 ... to May. 11. 37

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6 mo.
Other contributory causes of importance:	
Arteriosclerosis.	1 yr

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Robert A. Blake M. D.

(Address) Med. Arts Bldg Co

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35452

CERTIFICATE OF DEATH

46 F 35452

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 S. Smallwood St., 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred X yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie Mae Miller

If U. S. Veteran specify WAR

(a) Residence: No. 312 S. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. M. Miller

6. DATE OF BIRTH (month, day, year) 12-19-1894.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bloomfield Kentucky

FATHER

13. NAME Thos. Hornaker

14. BIRTHPLACE (city or town) (State or country) Ken.

MOTHER

15. MAIDEN NAME Mamie Pittinger

16. BIRTHPLACE (city or town) (State or country) Ken.

17. INFORMANT Wm M. Miller
(Address) 312 S. Smallwood

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Cem. Date 5-15-37

19. UNDERTAKER R. Ohnegger
(Address) 1620 Eutaw St

20. FILED MAY 13 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13-37

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1937 to May 12 1937

I last saw h.er alive on May 12, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	Unknown
Other contributory causes of importance: Exhaustion.	

Was an operation performed? yes. Date of 3-6-37

For what disease or injury?

Name of operation Colostomy.

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thurlet C. Blake M. D.

(Address) Med. Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

B 354153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Kennedy Ave St. 9-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence J. Hare

If U. S. Veteran specify WAR .....

(a) Residence: No. 1910 Kennedy Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar-15-1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Lee Hare

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lora B. Parks

16. BIRTHPLACE (city or town) (State or country) Idaho

17. INFORMANT Lora B. Hare
(Address) 1910 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date May-15 1937

19. UNDERTAKER J. E. Miller
(Address) 2nd & E Lewis St

20. FILED MAY 13 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) May-12-1937

22. I HEREBY CERTIFY, That I attended deceased from May 8 1937 to May 12 1937

I last saw h[illegible] alive on May 12 1937 Death is said to have occurred on the date stated above, at 4 - m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Wolfe M. D.

(Address) 1351 E. Northern

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

32-9039 B 35454

HEALTH DEPARTMENT—CITY OF BALTIMORE

32-35454

CERTIFICATE OF DEATH

53-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. E-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Groschke

If U. S. Veteran specify WAR .....

(a) Residence: No. 1603 N Montford St., Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette

6. DATE OF BIRTH (month, day, year) 6/7/76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Fred Groschke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida Schultes

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date May 15 1937

19. UNDERTAKER John C. Miller

(Address) 2435-35 E. Oliver St

20. FILED MAY 15 1937 Huntington Nitkamer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to May 12, 1937

I last saw him alive on May 12, 1937 Death is said to have occurred on the date stated above, at 3 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart disease	Over 4yrs
Carcinoma of Thyroid	2yrs
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) James A. Lowdes M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 35455

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35455

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH Franklin Square Hospital — REGISTERED NO. 4-2

CITY OF BALTIMORE: (No. ____ ST., ____ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles H. Benton — Charles H. Benton

(a) RESIDENCE NO. 650 W. Baltimore ST., ____ WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 3. 1872

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
64	9	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Pub. Bath Comm Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Benton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles H. Benton
8 E. Abington ave

Filed ____, 19 ____ Huntington Ave

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/11/37

17 I HEREBY CERTIFY, That I attended deceased from 5/10/37, to 5/11/37, that I last saw h[illegible] alive on 5/4/37, and that death occurred, on the date stated above, at 10:15 P. m.

The CAUSE OF DEATH* was as follows:

Uremia coma

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Fracture of cervix of Hydrocele

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? Patterson Park Hotel

Did an operation precede death? Yes Date of 5-10-37

Was there an autopsy? Yes

What test confirmed diagnosis?

(Signed) Manuel Soloro, M. D.

, 19 (Address) Franklin Sq Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western — DATE OF BURIAL 5/11 1937.

20 UNDERTAKER Harry W. Lutz — ADDRESS [illegible] Edmondson Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 35456

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35456

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5019 Allison St. Norwood Heights 5-5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward T. Scharf

If U. S. Veteran specify WAR

(a) Residence: No. 5019 Allison St. Norwood Heights Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M. Woodward Scharf

6. DATE OF BIRTH (month, day, year) July 18, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Thomas Scharf

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna M. Robinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Carrie M. Scharf

(Address) 5019 Allison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date May 14, 1937

19. UNDERTAKER Henry F. Miller

(Address) 1101 Madison Ave.

MAY 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to May 11, 1937

I last saw him alive on May 11, 1937. Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	5/3/37
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene L. Cerasino M. D.

(Address) 5-14 Dunny Lane

Information should be carefully supplied. Age should be stated EXACTLY. Fractions should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35457 ✓ F 35457

CERTIFICATE OF DEATH

107-a 4608--EF

Registered No. 15-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Abel

If U. S. Veteran specify WAR

(a) Residence: No. 2930 Grantley Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Selda Abel

6. DATE OF BIRTH (month, day, year) 4-1-~~1870~~ 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 ~~63~~	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Frederick C. Abel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Herdler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Cem. Date May 1st, 1937

19. UNDERTAKER Henry H. Deitzler
(Address) 4101 Edmondson Ave

20. Filed MAY 13 1937 [illegible] Registrar

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1936 to 5-11, 1937

I last saw h. alive on 5-11, 1937 Death is said to have occurred on the date stated above, at 12:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5 Days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt F. Ramey M. D.

(Address) Baltimore City Hospital

Information desired on this certificate is necessary for the legal identification of the dead. All questions must be answered. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 35458

F 35458 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

16-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Arunah Ave. St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary G. Young

If U.S. Veteran specify WAR .....

(a) Residence: No. 3008 Arunah Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10 11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School Teacher

10. Date deceased last worked at this occupation (month and year) June 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William J. Young

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Tyler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Ruth S. Falls
(Address) 3008 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. May 13 1937

19. UNDERTAKER Carroll Cook
(Address) 1003 E. Baltimore St.

20. [illegible]

MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug - 6 1936 to May - 10 1937.
I last saw her alive on May - 5 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	1 yr.
Arterial Hypertension	5 yrs.

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D. Lloyd Johnson M. D.

(Address) 610 Frederick Rd., Catonsville

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35459

CERTIFICATE OF DEATH

5-446-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William B. Whiteside

If U. S. Veteran specify WAR

(a) Residence: No. 1924 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 18, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic - Misc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1936

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Samuel Whiteside

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Sarah E. Crist

16. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

17. INFORMANT Miss Belle Whiteside
(Address) 1924 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. May 15 37

19. UNDERTAKER Wm. H. Cook
(Address) 1005 E. Baltimore St.

20. FILED 19 Registrar.

MAY 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1937, to May 12, 1937

I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	?
Carcinomatosis	
Other contributory causes of importance:	

Was an operation performed? yes Date of May 15, '37

For what disease or injury? Carcinoma of pancreas

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis S. Dickey, M. D.

(Address) University Hospital

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35460

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35460

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. H-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Brother Louis Gallagher Lyons

If U. S. Veteran specify WAR .....

(a) Residence: No. Annandale, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 13 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	50	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brother Lay

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year) Sept 1936

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Lawrence Lyons

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Boyne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Annandale Md Date May 13, 1937

19. UNDERTAKER Flood Funeral

(Address) Laurel Md

20. FILED MAY 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1936 to May 13, 1937

I last saw him alive on May 13, 1937 Death is said to have occurred on the date stated above, at 2.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C-V disease	?
Cardiac Degeneration	10-36
Auricular Fibrillation	10-36
Chronic Nephritis	

Other contributory causes of importance

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond J. Lyon, M. D.

(Address) Mercy Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35461

35461
32838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward) 18

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Barnes

If U. S. Veteran specify WAR .....

(a) Residence: No. Havre de Grace St., ... Ward. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-13-36

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3 1/4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Barnes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catharine Barnes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place St James Cemetery Date May 14 1937

19. UNDERTAKER Elmer Bullock Funeral Home
(Address) Havre de Grace Md

20. FILED ..... 19..... Registrar.

MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937 to May 13, 1937

I last saw h Liv alive May 13, 1937. Death is said to have occurred on the date stated above, at 2 53 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	about April
Other contributory causes of importance:	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Shwachman M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Add should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35462

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Irene Gibson

(a) Residence: No. Mt Airy, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George M. Gibson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Grace Reed

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. George M. Gibson.

(Address) R.D. Mt Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Poplar Spring Cem. Date May 15 37

19. UNDERTAKER G. M. Watts

(Address) Mt Airy Md.

MAY 17 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13/1937

22. I HEREBY CERTIFY, That I attended deceased from 5/14/1937 to 5/13/1937

I last saw h[illegible] alive on 5/13/1937. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Pneumonia	4/21/37
~~Spontaneous Pneumothorax~~	

Other contributory causes of importance:

~~Spontaneous Pneumothorax~~, Left	5/13/37

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. P. Sellers M. D.

(Address) Woman's Hospital

INSTRUCTIONS: The following items must be carefully supplied. Any space which cannot be accurately stated should be left blank. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35463

CERTIFICATE OF DEATH

93-C

24-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 E. Fort Ave. St., Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A. Dougherty

If U.S. Veteran specify WAR .....

(a) Residence: No. 527 E. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Dougherty

6. DATE OF BIRTH (month, day, year) January 29, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pump Operator 0084

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Ind. Alcohol Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Md.

FATHER

13. NAME Isaac T. Dougherty

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. J. S. Smith
(Address) 527 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemt. Date May 14 1937

19. UNDERTAKER Geo. M. Zurbler
(Address) 1737 E. Edger St.

MAY 14 1937

Lexington Funeral Home

K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to May 11 1937

I last saw him alive on May 11 1937. Death is said to have occurred on the date stated above, at 815 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Other contributory causes of importance: Myocarditis.	?

Was an operation performed? no Date of -

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Sidney F. Streett M. D.

(Address) 421 E. Fort Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35464

CERTIFICATE OF DEATH

XV 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Hospital St., 9-2 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elizabeth Dorsey

If U. S. Veteran specify WAR .....

(a) Residence: No. Cooksville, Howard Co. St., Md. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Dorsey

6. DATE OF BIRTH (month, day, year) Feb 18 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 6070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME Nick Boone

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Julia Ashton

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Charles Dorsey

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Poplar Springs Cem. Date May 15 1937

19. UNDERTAKER J. W. Snyder.

(Address) Mt. Airy

20. FILED MAY 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

X

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937 to May 13, 1937

I last saw her alive on May 13, 19..... Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas, idiopathic	7 days
Other contributory causes of importance:	

Was an operation performed? No Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Frances D. Schwacker, M. D.

(Address) Lyden Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 35465

F 35465 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-77a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3014 Vineyard Lane Ward) 12

Length of residence in city or town where death occurred 58yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Foss

(a) Residence: No. 3014 Vineyard Lane St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~single, widowed, divorced~~ HUSBAND of ~~WIFE~~ Carrie Foss

6. DATE OF BIRTH (month, day, year) Dec 18 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 3 years ago

11. Total time (years) spent in this occupation 44 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John H. Foss

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

MOTHER

15. MAIDEN NAME Mary O. Rogers

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mary O. Foss
(Address) 3014 Vineyard Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 14th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29th 1937 to May 11 1937

I last saw him alive on May 11th 1937 Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lead Poison	1927
Other contributory causes of importance: Anemia	over about 3 years
Paresis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Reginald J. Tonry, M. D.

(Address) 414 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

35466 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 35466

CERTIFICATE OF DEATH

193-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Battery Ave 24 Ward) 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Hall

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1118 Battery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Sewell M. Hall

6. DATE OF BIRTH (month, day, year): Feb 26 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Hyde

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Lizzie Tall

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Rose Eckar

(Address) 1118 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: May 17 1937

19. UNDERTAKER: William Ford

(Address) 1117 St Paul St

20. FILED MAY 14 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937 to May 13, 1937

that I last saw her alive on May 12, 1937 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/6/37

Senile Myocarditis — Date of onset 1931

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, how?

(Signed) J. F. Sullivan M.D.

(Address) 1118 Randall St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35467

CERTIFICATE OF DEATH

23425 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16-4 131 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Myers

If U. S. Veteran specify WAR No Record

(a) Residence: No. 722 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-9-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Patrick Myers

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Katherine Weldom

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 15 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 14 1937 Lexington Millbourne

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1937 to 5-13, 1937

I last saw him alive on 5-13, 1937 Death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	unk
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35468

HEALTH DEPARTMENT—CITY OF BALTIMORE

35468

CERTIFICATE OF DEATH

23

23175--EF

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael O'Dwyer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 112 N. Exeter St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie O'Dwyer

6. DATE OF BIRTH (month, day, year) 9-17-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large 0040

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lawrence O'Dwyer

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Karney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 15th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 14 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1937 to 5-12 1937

I last saw h. alive on 5-12 1937 Death is said to have occurred on the date stated above, at 8.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1936
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) John F. Karney M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35469

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2825 Christopher Ave St., 27-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret H. Bader

If U.S. Veteran, specify WAR No Record

(a) Residence: No. 2825 Christopher Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph J. Bader

6. DATE OF BIRTH (month, day, year) Mar 20th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME ? Wenlens

14. BIRTHPLACE (city or town) (State or country) Balto. County

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Margaret H. Bader

(Address) 2826 Christopher Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ~~2825~~ Mt. Carmel Cem Date May 11 1937

19. UNDERTAKER Wm Cook

(Address) 420 E. Baltimore St

19. FILED ..... 19 ..... Registrar

MAY 14 1937 Lexington Funeral Home, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937 to May 13, 1937

I last saw her alive on May 13, 1937 Death is said to have occurred on the date stated above, at 9:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1930
arteriosclerotic cardio-vascular renal disease	1930
Other contributory causes of importance: senility	1936

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) S. A. Alexi M. D.

(Address) 6217 Harford Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35470

35-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Dukeland & Raynolds Ave) Ward 5

Registered No. .....

(If death occurred in a hospital or Institution, give Its NAME Instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Viola Madden

If U.S. Veteran specify WAR .....

(a) Residence: No. 508 S. Smallwood St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar M. Madden

6. DATE OF BIRTH (month, day, year) Nov 17, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent In this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis A. Bernhardt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Mistree

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edgar M. Madden

(Address) 508 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/14/37 19

19. UNDERTAKER Frederick A. Cole

(Address) 700 E. Lombard St

20. FILED ..... 19 .....

Registrar.

MAY 14 1937

Huntington-Williams Div

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1937 to May 10, 1937

I last saw her alive on May 10, 1937 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	4 wks

Other contributory causes of importance:

Bronchopneumonia	1 wk

Was an operation performed? yes Date of April 6, 1937

For what disease or injury? Hydronephrosis

Recurrent appendicitis

What test confirmed diagnosis? Op Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury In any way related to occupation of deceased?

If so, specify .....

(Signed) R. M. Bascelli M. D.

(Address) 413 Cathedral St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

F 35471 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35471

CERTIFICATE OF DEATH V 23

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 669 Sterling St., 5-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Illay Diggs

(a) Residence: No. 669 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George Diggs

6. DATE OF BIRTH (month, day, year) Jan. 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME UNKNOWN

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT George Diggs
(Address) 669 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date May 14th 1937

19. UNDERTAKER Robert L. Gorsuch
(Address) 804 N. Caroline St.

20. FILED MAY 14 1937 Lexington Mathews, NCR
12

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1937 to 5-11 1937

I last saw her alive on 5-10 1937. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. '37

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Raymer Browne, M. D.

(Address) 1500 E. Madison St

F 35472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35472

348-92a

CERTIFICATE OF DEATH

1. PLACE OF DEATH — 20902--EF — Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Savoy — If U. S. Veteran specify WAR

(a) Residence: No. 932 Madison Avenue St., 11-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-10-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Savoy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 12 1937

19. UNDERTAKER James A Hayes
(Address) 142 Mosell

20. FILED 19 Registrar

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 7 1937 to 5-12 1937

I last saw h. alive on 5-12 1937 Death is said to have occurred on the date stated above, at 11 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aorta Aneurysm	1 yr.
	over

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kanney M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35473

CERTIFICATE OF DEATH

95B F 35473

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Perry

If U.S. Veteran specify WAR

(a) Residence: No. 822 N. Carrollton Ave St., 16-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unkown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Henry (Matron)

(Address) 822 N. Carrollton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 5/14/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 716 W. Biddle St

MAY 14 1937 Washington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1937 to May 11 —, 1937

I last saw h er alive on May 11 1937 Death is said to have occurred on the date stated above, at 1.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
cy	?

Other contributory causes of importance:

Old age	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wheeler M. D.

(Address) 1230 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35474

HEALTH DEPARTMENT—CITY OF BALTIMORE

35474

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Joseph Ryzbarczyk

If U. S. Veteran specify WAR

(a) Residence: No. 717 S. Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 29-36

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Rybarczyk

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Zagrodzka

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ernest Rybarczyk
(Address) 717 S. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date May 15 37

19. UNDERTAKER John J. Duda
(Address) 2811 Hudson St

20. FILED [illegible] Huntington Williams, M.D.
[illegible]

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to May 13, 1937

I last saw him alive on May 13, 1937 Death is said to have occurred on the date stated above, at 9 1/4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Type undetermined)	2 wks
Other contributory causes of importance: Whooping Cough	4 wks

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Irvin Stamler M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35475

CERTIFICATE OF DEATH

8 81 F 35475

1. PLACE OF DEATH Mercy Hospital 4-1

CITY OF BALTIMORE: (No. ..... St. Henderson Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James E. Henderson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 Frankford Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Nov. 23 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Robert Henderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Crossnell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Geo. E. Henderson

(Address) 4211 Clarence Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 5/17/37 19

19. UNDERTAKER Philip Herring Sons

(Address) 2016 Eastern Ave

20. FILED ..... 19..... Registrar.

MAY 3 1937 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11 1937 to May 13 1937

I last saw him alive on May 13 1937. Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	May 6 1937
Diabetes Mellitus	[illegible] 1932
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Jones Jr. M. D.

(Address) Liberty Heights Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Mary C Ryan

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35476 F 35476

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S. Augusta Ave St., 70-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Carroll Ryan

If U. S. Veteran specify WAR .....

(a) Residence: No. 25 S Augusta Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis P. Ryan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about	71	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Patrick Carroll.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Barbara Green

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs F P Ryan

(Address) 25 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Date May 15 1937

19. UNDERTAKER J. Carl Williams

(Address) 13 S. Eutaw St Baltimore, Md.

MAY 14 1937 Eutaw Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 12, 1937

I last saw her alive on May 12, 1937 Death is said to have occurred on the date stated above, at 3.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus.	
Cervix.	
Other contributory causes of importance:	
Chronic Myocarditis	
+ Bronchio-pneumonia.	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19—

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John A. Schmunk M. D.

(Address) 1337 S. Charles St.

INSTRUCTIONS.—WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. This is a permanent record. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35477

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35477

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Seiling San.

CITY OF BALTIMORE: (No. 600 Chapel Gate Rd. St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Mitchell

If U. S. Veteran specify WAR

(a) Residence: No. 600 Chapel Gate Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Dec. 18, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
91	82	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME John Wesley Mitchell

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Mary Applegarthe

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Mrs. T. J. Mitchell
(Address) 3204 Westwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy Date 5/15/37 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED MAY 14 1937, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to May 13 1937
I last saw her alive on May 5 1937 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/13/37

Other contributory causes of importance:
arteriosclerosis
Myocarditis

Was an operation performed? No Date of

For what disease or injury? ~

Name of operation ~

What test confirmed diagnosis? ~ Was there an autopsy? ~

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ~, 19

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Wesley Ford, M. D.

(Address) 206 Preston St.

I. E.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. ALL QUESTIONS MUST BE ANSWERED AS FULLY AS KNOWN. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35478

CERTIFICATE OF DEATH

X 46-9

1. PLACE OF DEATH Harriet Lane Home Registered No. .....

CITY OF BALTIMORE: (No. 418 Eutaw Place St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 5 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. (Margaret) Milton Gover. If U. S. Veteran specify WAR .....

(a) Residence: No. Somerset Ky. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton E. Gover

6. DATE OF BIRTH (month, day, year) Sept 27. 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (W37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

FATHER

13. NAME Charles Beattie

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret Briggs

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Milton E. Gover (Address) Somerset Ky.

18. BURIAL, CREMATION, OR REMOVAL Place Somerset Ky. Date May 16 1937

19. UNDERTAKER John O. Mitchell & Sons (Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar .....

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25 1937 to May 14. 1937

I last saw h[illegible] alive on May 14 1937 Death is said to have occurred on the date stated above, at 6.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of peritoneal glands.	4-1-36

Other contributory causes of importance:

General carcinomatosis	

Was an operation performed? Yes Date of 9-14-36

For what disease or injury? Carcinoma of peritoneal glands

Name of operation Hysterectomy & panhysterectomy

What test confirmed diagnosis? Path Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify .....

(Signed) William Reid Jr. M. D.

(Address) 141 Eutaw Place

Information should be carefully supplied. Age should be stated in years and months. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 35479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35479

873

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Edgewood St. St., 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? 17 yrs. mos. ds.

2. FULL NAME Teresa Culotta

(a) Residence: No. 703 Edgewood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Withe	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carmelo Culotta

6. DATE OF BIRTH (month, day, year) Jan. 10 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

FATHER

13. NAME Vincenzo Fava

14. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

MOTHER

15. MAIDEN NAME Concetta Cavallaro

16. BIRTHPLACE (city or town) (State or country) Cefalu' Italy

17. INFORMANT Andrew Culotta (Son)

(Address) 703 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cathedral [illegible] May 15 1937

19. UNDERTAKER Frank Della Rose

(Address) 52 N. Morley St

[illegible] Registrar.

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1930 to May 12 1937

I last saw h[illegible] alive on May 6 1937 Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	?

Other contributory causes of importance:

Senility

Decubitus ulcers March 37

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) Thurston E. Stacy M. D.

(Address) 5803 Edmondson

F 35480 ✓ F 35480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23532--CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts St., S-7 82 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Schaeffer If U. S. Veteran specify WAR

(a) Residence: No. 1430 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leland (D)

6. DATE OF BIRTH (month, day, year) 9-16-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Noonan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 5/17 1937

19. UNDERTAKER Chas. L. Connelly
(Address) East Md.

20. FILED MAY 14 1937 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1937 to 5-13, 1937

I last saw h. alive on 5-13, 1937 Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35481 268-9

F 35481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Lyman Hospital ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert J. Flanigan

If U. S. Veteran specify WAR .....

(a) Residence: No. 230 S. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Evelyn. Flanigan

6. DATE OF BIRTH (month, day, year) Nov 3 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Cab

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Flanigan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Julia Fyne

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Evelyn. Flanigan

(Address) 230 S Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 5-15th 37

19. UNDERTAKER Mollhagen & Rohde

(Address) 232 Edmondson Ave

20. FILED MAY 14 1937 Herrington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Personal Attendance or Inquiry) obtained by said Inquiry find that said deceased came to (Personal Attendance or Inquiry) death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot that wound. (4 Pistol bullet holes)	

Other contributory causes of importance: —

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury May 5th 1937

Where did injury occur? 1701 Frederick Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Beer Saloon.

Manner of injury Shot with pistol

Nature of injury Several bullets.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos H Pickett M. D.

Coroner

(Address) 1934 Edmondson Ave

ON BACK—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

V F 35482

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35482

CERTIFICATE OF DEATH

92-a

8-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Broadway St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate Livingston

(a) Residence: No. 1535 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur Larson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
? 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Geritna
(State or country) Burlington Co. N.J.

FATHER

13. NAME Dewit Mathis

14. BIRTHPLACE (city or town) New Geritna
(State or country) Burlington Co. N.J.

MOTHER

15. MAIDEN NAME Anna Allen

16. BIRTHPLACE (city or town) New Geritna
(State or country) Burlington Co. N.J.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date MAY 14 1937 19

Commissioner of Health

19. UNDERTAKER
(Address) Per E. A. Moore

20. FILED MAY 14 1937 19 [illegible]

3203

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1937 to 5-8 1937

I last saw her alive on 5-8 1937 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	5/4/37
Other contributory causes of importance:	
Myocardial degeneration	5/5/37

Name of operation None Date of X

What test confirmed diagnosis? Clinical signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Not

(Signed) Dana Miller M. D.

(Address) 1500 N. Broadway

F 35483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35483

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joe Clinton

If U. S. Veteran specify WAR .....

(a) Residence: No. 202 Frederick St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 10-6-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	60	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Randolph

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Veney

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAY 14 1937, 19

Commissioner of Health

19. UNDERTAKER Per S. A. Moore

(Address)

20. FILED MAY 14 1937 Huntington Williams Registrar.

32104

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1931, to 5-12, 1937

I last saw h[illegible] alive on 5-12, 1937 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	1931
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35184

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35184

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 N. Bond Street St. 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Haubert

If U. S. Veteran specify WAR .....

(a) Residence: No. 1705 N. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Haubert

6. DATE OF BIRTH (month, day, year) Aug. 8th, 1860

7. AGE Years	Months	Days	If LESS than 1 day ###### or ..... min.
76	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Thome

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Shu

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frederick Haubert (Son)
(Address) 1705 N Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 15, 1937

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Ave.

20. FILED ..... 19..... Registrar.

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1937 to May 12, 1937

I last saw h[illegible] alive on May 11, 1937. Death is said to have occurred on the date stated above, at 12:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Hypostasis	
Other contributory causes of importance:	
Chronic Nephritis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) D. M. Rosser, M. D.

(Address) 1817 N Broadway

F 35485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35485

CERTIFICATE OF DEATH

114-B

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Maryland. Registered No.

CITY OF BALTIMORE: (No. 12-6 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Street

If U. S. Veteran specify WAR

(a) Residence: No. 1141 Kater St., Phila. Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) April 25, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 4-3-37

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Caroline Co, Virginia

FATHER

13. NAME Washington Street

14. BIRTHPLACE (city or town) (State or country) Caroline Co. Virginia

MOTHER

15. MAIDEN NAME Alice Robinson

16. BIRTHPLACE (city or town) (State or country) Caroline Co. Virginia

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date May 14, 1937

19. UNDERTAKER E. Leroy Stafflebeam, Inc. (Address) 125 E. North Ave.

20. FILED MAY [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937, to May 13, 1937

I last saw him alive on May 13, 1937 Death is said to have occurred on the date stated above, at 6:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of right lung	4-26-37
Other contributory causes of importance:	
unknown	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. B. W. Anderson M. D.

(Address) U.S. Marine Hospital, Balto. Md.

Tuggle

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 33186 1935 — F 35186

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 7-5 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stella Tuggle — If U. S. Veteran specify WAR

(a) Residence: No. Princeton W-Va St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of James

6. DATE OF BIRTH (month, day, year) Dec. 22 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W-Va

FATHER

13. NAME Charles W. Mills

14. BIRTHPLACE (city or town) (State or country) W-Va

MOTHER

15. MAIDEN NAME Hester A. Wagner

16. BIRTHPLACE (city or town) (State or country) W-Va

17. INFORMANT Records — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Princeton W. Va Date May 16 1937

19. UNDERTAKER John Mitchell & Son (Address) 1900 Eutaw Place

Filed MAY 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937 to May 14, 1937

I last saw h.e.r. alive on May 14, 1937. Death is said to have occurred on the date stated above, at 12:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Brain~~	
Operative Shock	5-14-37

Other contributory causes of importance:

Brain tumor, left cerebral, meningioma (benign)	about 1932

Was an operation performed? Yes Date of 5-14-37

For what disease or injury? Brain Tumor

Name of operation Left Craniotomy

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. E. Jonas, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

22639 B

E 35487

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35487

CERTIFICATE OF DEATH

V 131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beulah McGlotten

If U. S. Veteran specify WAR

(a) Residence: No. 2122 Etting St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married (separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 8-25-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	47	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Edward Brooks (Deceased)

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Lilly Smith

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Cemet Date May 14th 1937

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley Rd

20. FILED MAY 14 1937 Huntington Williams M.D. Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1937 to 5-12 1937

I last saw her alive on 5-12 1937 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Cardio-vascular Renal Disease	unk
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramos M. D.

(Address) Baltimore City Hospital

35488 E 35488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 Somerset St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Foster

If U. S. Veteran specify WAR .....

(a) Residence: No. 432 Somerset St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Abie Foster

14. BIRTHPLACE (city or town) (State or country) Cambridge

MOTHER

15. MAIDEN NAME Dinah Ellnols

16. BIRTHPLACE (city or town) (State or country) Cambridge

17. INFORMANT Lizzie Foster

(Address) 432 Somerset St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 15 1931

19. UNDERTAKER E D Wilson

(Address) 1000 Brant Ave

20. FILED MAY 16 1931 Washington Nathaniel

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12- , 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-30- , 1931 to 5-12- , 1931

I last saw h... alive on 5-11- , 1931. Death is said to have occurred on the date stated above, at 1040 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tuberculosis of Lungs.	—
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Barnes M. D.

(Address) 611 N. Carolina

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35489

CERTIFICATE OF DEATH

94-3 F 35489

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Argyle Ave Ward 7-3)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irving Wilson

If U. S. Veteran specify WAR .....

(a) Residence: No. 834 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wilson

6. DATE OF BIRTH (month, day, year) Jan 30, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown S.C.

17. INFORMANT Elizabeth Wilson

(Address) 2715 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date May 14 1937

19. UNDERTAKER Undertaker's Supply Co

(Address) 2101 Eutaw St

MAY 14 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 6-6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. Norris M.D. Coroner

(Address) 1216 Harlem

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

F 35490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

952 F 35490

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: No. Union Memorial Hospital St. (or Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Porter Edmonston E Monston If U. S. Veteran specify WAR .....

(a) Residence: No. Calvert Court Apts St. City Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Charles H. Edmonston

6. DATE OF BIRTH (month, day, year): 6-16-88

7. AGE: Years 48 | Months 10 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: William Porter

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Madora Albert

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Chas. H. Edmondston Calvert Court apt

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore MD. Date: May 15 1937

19. UNDERTAKER (Address): Sperry Frazier & Sons North Avenue

20. FILED: MAY 14 1937 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1930 to May 13 1937

Last saw he alive on May 13, 1937. Death is said to have occurred on the date stated above, 2-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	1917
Cerebral Hemorrhage	5-1-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? E.C.G. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not.

(Signed) J. Clagett Gibson, M. D.

(Address) Union Memorial Hosp.

23327 EB

F 35491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 F 35491

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 4-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nona Dawson (ESSIE A)

If U. S. Veteran specify WAR

(a) Residence: No. 203 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Preston Dawson

6. DATE OF BIRTH (month, day, year) 4-28-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 59	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Turner Hyre

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Elizabeth Hefner

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT B. C. H. Records
(Address)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Conway, Pa Date May 14, 1937

19. UNDERTAKER [illegible]
(Address) Huntington, W. Va.

20. FILED MAY 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1937, to 5-12, 1937

I last saw h[illegible] alive on 5-12, 1937 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	6 mos.

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) John L. Ramey M. D.
(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35492

CERTIFICATE OF DEATH

F 35492

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Fairview St. Ward 8)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anne M. Murphy

(a) Residence: No. 3500 Fairview Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Murphy

6. DATE OF BIRTH (month, day, year) Nov. 13 85

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Susan Ann Keefe

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) 3500 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore, Md. May 5 1937

19. UNDERTAKER (Address) Smith & Simmons Huntingdon Pennsylvania

MAY 4 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of hip	
Chronic nephritis.	

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 1 1937

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home 3500 Fairview Ave. Baltimore, Md.

Manner of injury Slipped on rug and fell

Nature of injury Fracture of hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Floyd Grant, M. D. Coroner

(Address) 2 Bonaire Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35493

CERTIFICATE OF DEATH

F 35493

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3822 Harrison Blvd St., 5 Ward) 10

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Rackard Webster

If U. S. Veteran specify WAR

(a) Residence: No. 3822 Harrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen W. Webster

6. DATE OF BIRTH (month, day, year) Oct. 16 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson-Morgan Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

FATHER

13. NAME Joshua Webster

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Isabel Ford

16. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

17. INFORMANT Mrs. Helen W. Webster

(Address) 3822 Harrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date May 15 37

19. UNDERTAKER Wm. Pickup Wood

(Address) North & Paynes.

Huntington Station, L.I.

19

Registrar.

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 3 to [illegible] 19 3

I last saw h[illegible] alive on [illegible] 10 3 Death is said to have occurred on the date stated above, at 1130a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	[illegible]
Other contributory causes of importance:	
Hypertension	[illegible]
Coronary disease	[illegible]

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 26 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 35494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-EF 35494

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2720 Parkwood Av St. 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmira Leah Kuster

If U. S. Veteran specify WAR

(a) Residence: No. 2720 Parkwood Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Kuster

6. DATE OF BIRTH (month, day, year) Aug. 21, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 yrs	8 months	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Hampstead Md

FATHER

13. NAME Joseph Riley

14. BIRTHPLACE (city or town) (State or country) Manchester, Md

MOTHER

15. MAIDEN NAME Catherine Boyer

16. BIRTHPLACE (city or town) (State or country) Westford Md

17. INFORMANT Mrs. W. F. Kuster

(Address) 2720 Parkwood Av

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 17, 1937

19. UNDERTAKER Wm. J. Tucker & Sons

(Address) North & Pulaski

20. MAY 14 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 14th, 1937

I last saw h[illegible] alive on May 13, 1937. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of gall Bladder	1936
Other contributory causes of importance:	
Pneumonia	1937

Was an operation performed? yes Date of 4-5-37

For what disease or injury? G.B. drain

Name of operation Exploratory laparotomy Date of 4-5-37

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lester Hyburn M. D.

(Address) 2726 Pelham Av.

F 35495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1904 Etting St. 14-3 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Susan Epps

(a) Residence: No. 1904 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Epps

6. DATE OF BIRTH (month, day, year) Feb. 10, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Seandy Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Holly

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT (Address) James A. Johnson 40 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 16, 1937

19. UNDERTAKER Mrs. Kate R. Williams (Address) 322 N. Schroeder St.

19. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to May 12, 1937

I last saw h alive on June 1, 1937. Death is said to have occurred on the date stated above, at 2:58 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Heart Disease	June 1936
Pulmonary Edema	5-9-37

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Charles T. Woodland M.D.

(Address) 847 Hanlon Park

MAY 14 1937

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35496

35496 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51c

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Cathedral St. 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Owen Daly

If U. S. Veteran specify WAR .....

(a) Residence: No. 1006 Cathedral St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ann Hellman

6. DATE OF BIRTH (month, day, year) June 24, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investment Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Mark Daly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Connell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT O. Gordon Daly
(Address) 4212 Wickford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 5/15/37 19

19. UNDERTAKER Henry H. Mears & Son
(Address) 505 N. Calvert St.

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936, to 5-13 1937

I last saw him alive on 5-13, 1937. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF PROSTATE	1936?

Other contributory causes of importance:

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John L. Toomey M. D.

(Address) 1129 St Paul St.

F 35497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35497

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2552 McCulloh St. 13-3 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 2552 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eldonia Smith

6. DATE OF BIRTH (month, day, year) March 12-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R.R.

10. Date deceased last worked at this occupation (month and year) Sept 6-1935

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (City or town) (State or country) St Marys Co

MOTHER FATHER

13. NAME George Smith

14. BIRTHPLACE (City or town) (State or country) St Marys Co

Aploma

15. MAIDEN NAME Apoloma Barber

16. BIRTHPLACE (City or town) (State or country) St Marys Co

17. INFORMANT Eldonia Smith

(Address) 2552 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 15 1937

19. UNDERTAKER T. G. Kelson

(Address) 1382 Preston and St

MAY 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1935 to May 12 1937

I last saw him alive on May 11 1937 Death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Rt Side Brain.	5/10.37
Contributory causes of importance: Interstitial Nephritis	9/6.35

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Wm. N. Wright M. D.

(Address) 1209 Preston and St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35498

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35498

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-S Ward)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Bernstein

(a) Residence: No. Sinai Hospital Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maird Bernstein

6. DATE OF BIRTH (month, day, year) Nov. 17 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Sam Fox

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. M. Koplowitz
(Address) 1728 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Adath Israel Cem. Date May 15 1937

19. UNDERTAKER Maird Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 13, 1937

I last saw her alive on May 13, 1937. Death is said to have occurred on the date stated above, at 11:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-13-37
Acute cardiac failure	5-13-37
Pulmonary edema	5-13-37

Other contributory causes of importance:

Hypertension	
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Ludman M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 14 1937

M. D. H 1268-9

Dr. Helm 2757 W North Ave

F 35499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35499

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America 443 St., 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clarence A. Imhoff

(a) Residence: No. 819 Union Ave N St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Clarence Imhoff.

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Christine Hedges

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Clarence Imhoff.
(Address) 819 Union Ave

18. BURIAL, CREMATION, OR REMOVAL

Loudon Hampden (Date) May 15. 1937

19. UNDERTAKER Ehrmann & Son
(Address) 2115 Christian Ave

20. FILED MAY 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon (Inquest, Autopsy or Inquiry) from the residence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and Enteritis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. H. Crouch Coroner, M. D.

(Address) 2757 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 14 1937

328121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35500 — CERTIFICATE OF DEATH — 131 F 35500

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St., 1 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Goens — If U. S. Veteran specify WAR .

(a) Residence: No. 6217 York Rd — St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace

6. DATE OF BIRTH (month, day, year) 6/3/96

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn —

FATHER

13. NAME Michael Cafet

14. BIRTHPLACE (city or town) (State or country) Alsace

MOTHER

15. MAIDEN NAME Eliz. Kultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends — (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 5/17/37

19. UNDERTAKER (Address) J. Herman Lemmon 624 Park Heights Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage due to arterio sclerosis	
Incubating pulmonic [illegible]	
	about

Other contributory causes of importance:

Nephritis	
Chronic pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Alexander Gray, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 14 1937

F 35501

35501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 447 Whitridge Ave Ward 2-3)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Tull

If U.S. Vet. specify WAR No Record

(a) Residence: No. 447 Whitridge Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of: Rev. Edw. W. Tull

6. DATE OF BIRTH (month, day, year): Mar 18th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Dorchester Co. Md

FATHER

13. NAME: Chas Whitehall

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Arnold E. Tull

(Address): 447 Whitridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: May 17th 1937

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED 19 [illegible] Registrar

MAY 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13th, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1936 to May 13, 1937

I last saw her alive on May 13 1937. Death is said to have occurred on the date stated above, at 12.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	September 1936
Other contributory causes of importance:	

Was an operation performed? No Date of ——

For what disease or injury?

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) George Turgeon M. D.

(Address) 401 E. 25th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A F 35502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35502

CERTIFICATE OF DEATH

23476

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 25-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Berends

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3704 Leo St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Berends

6. DATE OF BIRTH (month, day, year) 8-3-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	64 9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME ? Henry Berends

14. BIRTHPLACE (city or town)? (State or country) Germany

MOTHER

15. MAIDEN NAME Albertina Roepke

16. BIRTHPLACE (city or town) ? (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 17th 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 15 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-10-1937 to 5-14-1937

I last saw h. l. m. alive on 5-14-1937 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J Ramey M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

35503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35503

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Lascola (22507) If U. S. Veteran specify War No Record

(a) Residence: No. 410 N. Greene St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy

6. DATE OF BIRTH (month, day, year) October 30, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Biaggio Lascola

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Serio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 17 1937

19. UNDERTAKER Wm Bott

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MAY 15 1937 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1937 to May 14, 1937

I last saw him alive on May 14, 1937 Death is said to have occurred on the date stated above, at 4:40 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1936
Tuberculosis of Larynx	April 1937

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Peddicord) ✓ E 35504

E 35504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Peddicord

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1201 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metro. Ins. Co.

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Austin N. Peddicord

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Isabel Stansberry

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Eleanor Gatewood

(Address) 1201 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 17th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

MAY 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-11-37, 19, to 5-14-37, 19

I last saw h. alive on 5-14 19 37 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Amoebiasis	
Lues.	
Diabetes Mellitus	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Rockwell Rockwell, M. D.

(Address) Sinai Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

328-7135

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35505

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 5-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertie Light — If U. S. Veteran specify WAR .....

(a) Residence: No. 317 Forrest St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/2-7-/02

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joshua Light

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Julia Unknown.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 5-15-1937

19. UNDERTAKER Bryant & Manice W. Wright
(Address) 1218 N Eutaw St

20. FILED MAY 15 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May-4, 1937 to May-11, 1937

I last saw h[illegible] alive on May-11, 1937. Death is said to have occurred on the date stated above, at 5.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	May 1937
Hypertensive Heart Disease	May 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Ino. W. Howland M. D.

(Address) Johns Hopkins Hospital

F 35506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35506

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 Bank Street St. 1-5-48 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Krieg

If U. S. Veteran specify WAR

(a) Residence: No. 2120 Bank Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Krieg

6. DATE OF BIRTH (month, day, year) Dec. 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Coster

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ellen Clifford

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph Krieg
(Address) 2120 Bank Street

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Ceme. Date May 17, 37

19. UNDERTAKER Henry Sander & Son, Inc.
Baltimore St. & Broadway

20. FILED MAY 19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1936 to May 14, 1937

I last saw her alive on May 14th, 1937 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1935
Other contributory causes of importance:	

Was an operation performed? No - Radium only. Date of 1936

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 432 S. Paterson Pk Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3241 15 — 35507

HEALTH DEPARTMENT—CITY OF BALTIMORE

35507

CERTIFICATE OF DEATH

146

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 1/1 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth McGee — If U. S. Veteran specify WAR .....

(a) Residence: No. 810 S- Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Kenneth

6. DATE OF BIRTH (month, day, year) 3/21/17

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20		7 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H- wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md-

FATHER

13. NAME John Schreiber

14. BIRTHPLACE (city or town) (State or country) Md-

MOTHER

15. MAIDEN NAME Edna Berends

16. BIRTHPLACE (city or town) (State or country) Md-

17. INFORMANT Records-
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Ceme Date May 16, 1937

19. UNDERTAKER Henry Sander & Son
Baltimore St. & Broadway

20. FILED MAY 15 1937 — Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 13, 1937

I last saw her alive on May 13, 1937. Death is said to have occurred on the date stated above, at 1 06 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	5/11/37

Other contributory causes of importance:

Hypertension	5/1/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sarah F. Boyd M. D.

(Address) J. H- Hosp-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35508

CERTIFICATE OF DEATH.

108 F 35508

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 W. Mulberry ST. 18-2 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Minnie Hutt Henderson

(a) RESIDENCE No 1116 W. Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	C.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Henderson

6 DATE OF BIRTH (month, day, and year) 9-11-90

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto., Md
(State or country)

PARENTS

10 NAME OF FATHER John Hutt

11 BIRTHPLACE OF FATHER (city or town) Kent Island, Md.
(State or country)

12 MAIDEN NAME OF MOTHER Henrietta Wells

13 BIRTHPLACE OF MOTHER (city or town) Kent Island, Md.
(State or country)

14 Informant Geo. E. Henderson
(Address) 1116 W. Mulberry

Filed MAY 15 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-12-37

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1937, to May 12, 1937, that I last saw h[illegible] alive on May 12, 1937, and that death occurred, on the date stated above, at 5.30 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) H. Maceo Williams M. D.

5-14-37 (Address) 201 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	May 17, 1937
20 UNDERTAKER	ADDRESS
Mrs. Katie R. Williams	Schroeder

M. D. B 1268-9

F 35509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 N. Fulton Avenue St., 15-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter John Yinger

(a) Residence: No. 1435 N. Fulton Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Julia Yinger

6. DATE OF BIRTH (month, day, year) July 4th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 00.6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec Appliances

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Henry Yinger

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Emma Woods

16. BIRTHPLACE (city or town) Norfolk, Va.
(State or country)

17. INFORMANT Mrs Emma Yinger
(Address) 1435 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olive-Pantallistown, Md Date May 17th 1937

19. UNDERTAKER J. L. Tickner & Sons
(Address) 1 E Lafayette

15 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ... death on the day stated above. 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	
Cause of Disease"	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) O. Hance Brannon M.D.
Coroner

(Address) 12 E 57 Hanover

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 15 1937

F 35510

35510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bretin City Hospital 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Hofstetter

If U. S. Veteran specify WAR

(a) Residence: No. 25 S. Kresson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) April 13 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 6021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ancl's Post & Fence Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John J.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Anna Carr

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John J. Hofstetter

(Address) 33 S. Arlington Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 17 1937

19. UNDERTAKER Martin W. E. Dippel

(Address) 37 S Ann St.

20. FILED MAY 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	

Other contributory causes of importance:

Chronic Bronchitis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. E. Wright Coroner M. D.

(Address) 1010 S. Edward A

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35511

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St. Ward)

Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Helen Lynch

If U. S. Veteran specify WAR

(a) Residence: No. 1275 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 6, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	/	/	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Lynch

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Christina Bryant

16. BIRTHPLACE (city or town) (State or country) Aberdeen Md

17. INFORMANT Mother

(Address) 1275 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date May 15 1937

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar.

MAY 15 1937

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 5-13-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-12-1937 to 5-13-1937

I last saw h[illegible] alive on 5-13-1937 Death is said to have occurred on the date stated above, at 5 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-9

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. McWaghelstein M. D.

(Address) Sydenham Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35512 F 35512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3224 Toone St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary E. Monroe

(a) Residence: No. 3224 Toone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Monroe

6. DATE OF BIRTH (month, day, year) Jan. 15 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Crusor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT James E. Monroe

(Address) 3224 Toone St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date May 17. 1937

19. UNDERTAKER George W. Gibler

(Address) 1737 E. Eager St.

20. FILED MAY 18 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) May 13 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/15/36 19... to MAY 13 1937

I last saw h[illegible] alive on 5/13/37 19... Death is said to have occurred on the date stated above, at 2:05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
& Cavitation	
Embolism & infarctation	
rt. lung ?	

Other contributory causes of importance:

Chronic Nephritis, Diabetes M.
Left Ventricular failure, Arterio-
Sclerosis

Was an operation performed? NO Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Gregory M. D.

(Address) 613 Cathedral

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35513

35513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Deickman

If U. S. Veteran specify WAR .....

(a) Residence: No. Bird River Rt. Middle River St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year) May 5, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Factory Industry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Ernest

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. J. Deickman (Neffen)

(Address) Bird Rt — Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cem. Date May 16 1937

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Compensation

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. W. Wright, M. D. Coroner

(Address) 1010 E. Eager St.

MAY 15 1937

F 35514

35514 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Reynolds
If U. S. Veteran specify WAR .....

(a) Residence: No. 210 Skinners' Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Debora

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Duffy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Grace Gordon (Niece)
(Address) 1130 Fremont St

18. BURIAL, CREMATION, OR REMOVAL
Place St Mathews Date May 15, 1937

19. UNDERTAKER John M Welby
(Address) 401 N Charles St

MAY 15 1937 ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular (hypertensive) sclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. M. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave

V S 6

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35515 F 35515

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Homestead St., 9-7 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Louisa Klos.

(a) Residence: No. 1712 Homestead St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob Klos

6. DATE OF BIRTH (month, day, year): Sept 6, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bald Md.

FATHER

13. NAME: Daniel Black

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louisa Muth

16. BIRTHPLACE (city or town) (State or country): Liebert V. Germany.

17. INFORMANT (Address): Frank W. Klos, 1712 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 17, 1937

19. UNDERTAKER: Mr. Mrs. John W. Tenfelyson

(Address) 801 W. Fayette St.

Huntington Williams, Registrar

MAY 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937, to May 13, 1937

I last saw her alive on May 13, 1937. Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure (Myocarditis) Cardiac (-Sclerotic)	5/8/37
Other contributory causes of importance: chronic nephritis —	1 yr —

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Phy-exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumrein M. D.

(Address) 722 No. Kenwood Ave

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 35546

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Boyd

If U. S. Veteran specify WAR ...

(a) Residence: No. 1835 E. Eager St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Alice Boyd

6. DATE OF BIRTH (month, day, year) Feb. 23 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	2	2/70	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Point Va.

FATHER

13. NAME Elisha Boyd

14. BIRTHPLACE (city or town) (State or country) West Point Va.

MOTHER

15. MAIDEN NAME Georgia White

16. BIRTHPLACE (city or town) (State or country) West Point Va.

17. INFORMANT Alice Boyd
(Address) 1835 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Lyn Date May 18, 1937

19. UNDERTAKER Robert Williams
(Address) 1515 McElderry St

20. FILED MAY 15 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

35517

CERTIFICATE OF DEATH

98 F 35517

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4321 Harford Road St., 27-1 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. da. How long in U. S. If of foreign birth? 75 yrs. mos. da.

2. FULL NAME Amelia A. Duncan,

If U. S. Veteran specify WAR

(a) Residence: No. 4321 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T. Duncan,

6. DATE OF BIRTH (month, day, year) April 13, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	1	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Manchester (State or country) England.

FATHER

13. NAME James Tweedale,

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Helen Swann,

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mr. Duncan,
(Address) 4321 Harford Road

18. BURIAL, CREMATION, OR REMOVAL MAY 17 1937
Place Loudon Park Date

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

20. FILED MAY 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937 to May 13 1937

I last saw h[illegible] alive on May 13 1937. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of left foot.	
Other contributory causes of importance: General arterio sclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. Swink M. D.

(Address) 4706 Harford Road

N. B.—WRITE PLAINLY, WITH PEN AND INK. THIS CERTIFICATE MUST BE FILLED OUT COMPLETELY. All information required by the law must be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35518

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Webster St. 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Effie B. Lugenbeel

If U. S. Veteran specify WAR .....

(a) Residence: No. 1712 Webster St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry G. Lugenbeel

6. DATE OF BIRTH (month, day, year): Jan 8, 1873

7. AGE: Years 64 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Don't know

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Kate Beach

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Watson Lugenbeel

(Address) 1712 Webster St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Chapel Cem. Date May 16, 1937

Woodlawn, Md.

19. UNDERTAKER: A. J. Howard Evans

(Address) 400 N. Charles St

20. FILED MAY 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1936 to May 13, 1937

last saw her alive on May 13, 1937 Death is said to have occurred on the date stated above, at 5:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Indefinite)	
Other contributory causes of importance: Diabetic Coma	5/12/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. P. H. Campbell M.D.

5/15/37 (Address) 1644 Hanover Street

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35519

F 35519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

129

REGISTERED NO. C

1-PLACE OF DEATH
CITY OF BALTIMORE (No. Maryland Penitentiary ST.: 10-3 WARD)
(If death occurred in hospital or institution give its NAME instead of street and number and fill out No. 1a.)

2-FULL NAME Robert Wilson
(Residence in Baltimore: No. Md. Penitentiary St.: yrs., mos. d

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED,~~ (Write the word.)

6-DATE OF BIRTH: ..... (Month) ....., 1 (Day) ..... (Year)

7-AGE: 52 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or .... min.?

8-OCCUPATION
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): 1066

9-BIRTHPLACE (State or Country): unknown

PARENTS.

10-NAME OF FATHER: un

11-BIRTHPLACE OF FATHER (State or Country): un

12-MAIDEN NAME OF MOTHER: un

13-BIRTHPLACE OF MOTHER (State or Country): un

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) .....

(Address) .....

15- Filed 1937 H Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, May (Month) 13 (Day), 193 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis
Operations Adhesions Upper Part Abdomen
(Duration) ..... yrs. ..... mos. .....

CONTRIBUTORY (Secondary) .....
(Duration) ..... yrs. ..... mos. .....

(Signed) Orrin B. Wallace M.D.
(Coroner)
....., 191... (Address) 1031 St Paul St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos.
Where was disease contracted, if not at place of death? .....
Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Denison Texas
DATE OF BURIAL: 5/15/37

20-UNDERTAKER: J. J. Faber & Sons
ADDRESS: 1318 Eutaw

F 35520

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35520

CERTIFICATE OF DEATH

X ✓ 46-B

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. ..... St. Cross 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 24 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm. Joseph E. Leathers

If U. S. Veteran specify WAR .....

(a) Residence: No. Bradshaw-Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mollie Martin

6. DATE OF BIRTH Jan 9 1876 (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME F. L. Leather

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Louisa Parrish

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs C. W. Vaughan

(Address) Durham, North Carolina

18. BURIAL, CREMATION, OR REMOVAL

Place Bradshaw, Md. Date May 16 1937

19. UNDERTAKER Howard R. McComas

(Address) Abingdon, Md.

20. FILED ..... 19 ..... Registrar.

MAY 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 , 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 19 , 1937 , to 5-13 , 1937

I last saw him alive on 5-13 , 1937. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5-13-37
Other contributory causes of importance:	
Carcinoma of Stomach.	1936

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation EKG

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. V. Williamson M. D.

(Address) St. Agnes Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35521 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35521

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 McHenry St., 7-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Hurbert Hodges

If U. S. Veteran specify WAR .....

(a) Residence: No. 937 McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 14 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Beatrice Moody.
(Address) 937 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date May 17 1937

19. UNDERTAKER Mrs. Robert Elliott-Daughter
(Address) 1129 N. Caroline St.

20. FILED MAY 5 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/2 1937 to 5/13 1937

I last saw him alive on 5/12 1937 Death is said to have occurred on the date stated above, at 8 m. a.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonic Phthisis	4/2/37

Other contributory causes of importance

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? bacteriological Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Wayner Thorpe M. D.

(Address) 1548 E. Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35522

F 35522

329165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 107-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gomez

If U. S. Veteran specify WAR .....

(a) Residence: No. Churchville md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/22/25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... md.
(State or country)

FATHER

13. NAME Gaumet Gomez

14. BIRTHPLACE (city or town) ..... Va.
(State or country)

MOTHER

15. MAIDEN NAME Bertha Gose

16. BIRTHPLACE (city or town) ..... Va
(State or country)

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date May 17, 1937

19. UNDERTAKER Williams J Tschudi + Sons
(Address) Md + Pa Ave.

20. FILED ..... 19..... Registrar.

MAY 15 1937

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) May 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937, to May 15, 1937

I last saw him alive on May 15, 1937. Death is said to have occurred on the date stated above, at 4 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, bronchial	May 17
~~Bacteria, [illegible]~~	
	over

Other contributory causes of importance:

Dehydration

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) John A. Cunningham M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ALL information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35523

35523 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22877

46-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Patrick Hayes

(a) Residence: No. 2010 St. Paul St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-7-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Mike

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Carroll

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 5-15 1937

19. UNDERTAKER J. L. Embry & Son

(Address) 1510 Light St

20. FILED MAY 15 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1937 to 5-14 1937

I last saw him alive on 5-14 1937 Death is said to have occurred on the date stated above, at 4.20 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary Thrombosis	6 mos.

Other contributory causes of importance:

Was an operation performed? yes Date of 5-6-37

For what disease or injury? Coronary Thrombosis

Name of operation Gastrostomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) W. A. Brooks M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35524

35524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leona Keene

If U. S. Veteran specify WAR

(a) Residence: No. 1007 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20 years	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date May 16 37

19. UNDERTAKER (Address)

20. FILED

MAY 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937 to May 14, 1937

I last saw h[illegible] alive on May 14 1937. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia Dermatitis	April 1937
Latent Lues	
Pat. Partum Phlebitis Left Leg.	May 7 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Reduced 36 L.W.C.

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ruth Schofield M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

35525 E 35525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23430—ET

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Pearl Small

(a) Residence: No. 738 Bradley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alf Small (husband)

6. DATE OF BIRTH (month, day, year) 39

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Enfield N. C.

FATHER

13. NAME Rev. Isaac Love

14. BIRTHPLACE (city or town) (State or country) Enfield N.C.

MOTHER

15. MAIDEN NAME Polly Tildery

16. BIRTHPLACE (city or town) (State or country) Enfield N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Enfield N.C. Date 5/17 1937

19. UNDERTAKER W. M. Skinner

(Address) 1139 Myrtle Ave

FILED MAY 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1937 to 5-13 1937

I last saw h alive on 5-13 1937 Death is said to have occurred on the date stated above, at 1040 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Stenosis	1 yr.
Other contributory causes of importance: Gastric hemorrhage	1 wk.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, where?

(Signed) M. D.

(Address) Balt. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry from all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35526 35a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Georgiana Donaldson.

(a) Residence: No. Severn Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Paul Donaldson.

6. DATE OF BIRTH (month, day, year) Jan 16 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Pumphrey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Neidert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Paul Donaldson

(Address) Donaldson ave Severn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Church May 16 1937

19. UNDERTAKER John F Penny

(Address) 715 Light St

20. FILED ... 19 ... Registrar

MAY 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/7, 1937 to 5/14, 1937

I last saw her alive on 5/14, 1937 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	5/10/37
Other contributory causes of importance:	

Was an operation performed? yes Date of 5/10/37

For what disease or injury? Bilateral Salpingitis

Name of operation Salpingo-oophorectomy & Appendectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) W. L. Howard M. D.

(Address) University Hospital

INSTRUCTIONS—WRITE PLAINLY, WITH INK AND USING THE BLANK SPACES ONLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

35527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 35527

25-4 107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lauriston Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charlotte Grimes

(a) Residence: No. 540 Patapsco Ave St., Brooklyn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15th 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Grimes

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Laura Callender

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Charles Grimes

(Address) 540 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Date May 16 1937

19. UNDERTAKER Millard B Callender

(Address) 1531 W Fayette ave

20. FILED MAY 17 1937 Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to May 14, 1937

I last saw h[illegible] alive on May 14, 1937 Death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple hemorrhages	
Congenital -	
Bronchopneumonia	5/13

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jean F. Jones M. D.

(Address) [illegible]

INSTRUCTIONS.—WRITE LEGIBLY, WITH UNFADING INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 35528

F 35528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 24 Ward) 2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm. F. Haubert

If U. S. Veteran specify WAR .....

(a) Residence: No. 1445 Henry St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 29 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. M. Haubert

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Theresa Schulz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Wm. M. Haubert 1445 Henry St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Date 5/17/37. 1937

19. UNDERTAKER (Address) Margaret A. Flynn 422 Light St

FILED ..... 19 ..... Registrar

1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree Burns of body	

Other contributory causes of importance:

Shock & Toxemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-13-1937

Where did injury occur? 1445 Henry St. Balto, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in tub of hot water

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Ahrenberg M. D. Coroner

(Address) 1912 E. North Ave

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ENTRIES in all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35529

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 Webster St. 14-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME John M. Connelly

(a) Residence: No. 1311 Webster St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary R. Connelly

6. DATE OF BIRTH (month, day, year) July 3, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R. Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ba Richmond Va

FATHER

13. NAME Thos. Connelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Riley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs. Jno. M. Connelly 1311 Webster St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 5/17/37

19. UNDERTAKER (Address) Margaret C. Flynn 2137 N. Hilton Street

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7 1937 to May 14th 1937

I last saw him alive on May 13th 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 mos
Other contributory causes of importance: Arteriosclerosis	1 year

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Wheeler, M. D.

(Address) 1279 Inlemon Ave

B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should be careful to obtain information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

35530 D HEALTH DEPARTMENT—CITY OF BALTIMORE 35530

234540—CM

CERTIFICATE OF DEATH

DUPLICATE

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. (If not in Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen F. Goddard

If U. S. Veteran specify WAR

(a) Residence: No. 1446 Forge Ave., St., Ward.
(Usual place of abode) Mt. Washington (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Goddard

6. DATE OF BIRTH (month, day, year) 9-21-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass.

FATHER

13. NAME Wm. McCarthy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Date May 17 37

19. UNDERTAKER Mc Williams Book
(Address) 127 St Paul St

20. FILED 19 [illegible]

MAY 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-9- 1937, to 5-14-37, 19

I last saw her alive on 5-14-37, 19. Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-7-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35531

HEALTH DEPARTMENT—CITY OF BALTIMORE

35531

CERTIFICATE OF DEATH

1-3 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Willis (20799)

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2309 McElderry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 2, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Large

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Wesley F. Willis

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Martha Belleson

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect M. P. Church Date May 18 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 E. Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1937 to May 14, 1937

I last saw him alive on May 14, 1937 Death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35532

35532

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Sec City Hospital St., 4th Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify War No Record

2. FULL NAME Margaret E Sherlock

(a) Residence: No. 620 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, ~~widowed or divorced~~ (or) WIFE of William Sherlock

6. DATE OF BIRTH (month, day, year) July 26th 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (illegible)

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 37yr

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Alexander Tomalonis

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Lenard Mozul

(Address) 3724 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date May 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAY 19 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. M. Wright Coroner M. D.

(Address) 1010 S. Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 35533

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35533

CERTIFICATE OF DEATH

54-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Eutaw Place, 14 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emerson F. Sloffer

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1521 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Florence M. Sloffer

6. DATE OF BIRTH (month, day, year) Nov 1st 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

MOTHER

13. NAME Frederick Sloffer

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Elizabeth Phillips

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Florence Sloffer
(Address) 1521 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 17th 1931

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

21. FILED ... by ... Registrar.

MAY 16 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14th 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-7-35 to 5-14-35, 19..
I last saw h... alive on 5-14-35. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Complex — Date of onset 5-35

Other contributory causes of importance: Tumor of Brain — Probably one year

Died of Uraemia over

Was an operation performed? No — Date of ...

For what disease or injury? None

What test confirmed diagnosis? Physical examination — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No — Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify ...

(Signed) Geo L Fellows M. D.

(Address) 910 N. Fulton Ave

INSTRUCTIONS: Information called for should be given for every question, or a reason stated why it cannot be given. AGE should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35534

F.M. 35534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 27-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Freda Daurd

(a) Residence: No. 5018 Penmore Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 15, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Isaac Daurd

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Margaret Mikal

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Father
(Address) Woods

18. BURIAL, CREMATION, OR REMOVAL Hebrew Wash Rd
Place ..... Date 5-16 ..... 19 37

19. UNDERTAKER Jacob Levin Inc
(Address) 1439 E Balto St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15-37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, how?

(Signed) R. R. Nelson M. D.
Attending Physician

(Address) 2757 W. North Ave

N. B.—WRITE PLAINLY, WITH CARBON PAPER. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Please use

MAR 5 1937

F 35535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35535 #22988 SF

CERTIFICATE OF DEATH

146-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Flaherty

(a) Residence: No. 2826 Clifton Park Terrace St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/25/1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ? unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Nat. Cath. Date May 17 37

19. UNDERTAKER John. A. Bryan

(Address) 3000 E. Baltimore St

20. FILED ... 19... Registrar.

MAY 16 1937 Washington Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-23 1937 to 5-14 1937

I last saw him alive on 5-14 1937 Death is said to have occurred on the date stated above, at 5:34 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Carcinoma Colon	6 mos
Other contributory causes of importance: Bronchopneumonia	2 dys

Was an operation performed? Yes Date of 5-11-37

For what disease or injury? Carcinoma Colon

Name of operation Colostomy

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Watters M. D.

(Address) Balt. City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important. Every item of

✓ F 35536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82185
35536

Registered No. 73

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 3-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse Counts

(a) Residence: No. 302 S Carrins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lanra

6. DATE OF BIRTH (month, day, year) 5/10/00

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36	9	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0400
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER
13. NAME George Counts
14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER
15. MAIDEN NAME Alice Thurr
16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 16 1937

19. UNDERTAKER Robt F Whitelow & Sons
(Address) 1515 McCulloh St

20. FILED ..... 19 ..... Registrar.

MAY 18 1937 Huntington Hillhouse, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21 1937 to May 13 1937
I last saw him alive on May 13 1937. Death is said to have occurred on the date stated above, at 8:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis ?	
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene Monroe Mason III M. D.
(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35537 328726

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35537

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No.) St., 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Garfield Gilmore

If U. S. Veteran specify WAR

(a) Residence: No. 826 Herman Court St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-29-04

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jones Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

FATHER

13. NAME Will Gilmore

14. BIRTHPLACE (city or town) (State or country) S Car

MOTHER

15. MAIDEN NAME Hattie White

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodward D.C. Date May 16 1937

19. UNDERTAKER Robert E. Williams

(Address) 18-15 McElderry St

20. FILED MAY 18 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to May 14, 1937

I last saw h. alive on May 14 1936. Death is said to have occurred on the date stated above, at 12.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of face & neck	
arising from Abscessed tooth	
Hemolytic staphylococcus	
septicaemia & multiple abscesses.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward L. Nevell Jr. M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35538 HEALTH DEPARTMENT—CITY OF BALTIMORE 35538

CERTIFICATE OF DEATH - 2 - 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 St. Paul - St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Robert Douglas Jr. If U. S. Veteran specify WAR NONE

(a) Residence: No. 2901 St. Paul St St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept-10-1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Salisbury Md.

FATHER

13. NAME Samuel R. Douglas Jr.

14. BIRTHPLACE (city or town) (State or country) Milton Delaware

MOTHER

15. MAIDEN NAME Mary Lee White

16. BIRTHPLACE (city or town) (State or country) Salisbury Md.

17. INFORMANT Mr. S. R. Douglas (Father)
(Address) 2901 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Md. Date May-17-1937

19. UNDERTAKER Edwards Mortuary Co.
(Address) 108 W Main Ave.

20. FILED ..... 19.... Registrar.

MAY 16 1937 Washington for Nathaniel, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 1935, 19.... to 5-17 1937

I last saw h.. alive on 5-17 1937 Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

CHR. NEPHRITIS — Date of onset 1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Posey M. D.

(Address) 1128 St Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35539

CERTIFICATE OF DEATH

13-753-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Home for Incurables, 13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Jane Alricks Fisher

If U. S. Veteran specify WAR NONE.

(a) Residence: No. Home for Incurables St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): July-22-1865

7. AGE: Years 71 | Months 9 | Days 24 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: J. Harmanus Fisher
14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary Winchester
16. BIRTHPLACE (city or town) (State or country): Phila. Penna

17. INFORMANT (Address): Grace M. Fisher (sister) 215 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Forest Lawn Date: May-18 1937

19. UNDERTAKER (Address): Stewart Mosser Co. 108 W. Mt. Ave.

20. FILED ..., 19... ...Registrar.

MAY 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to May 16, 1937.
I last saw her alive on May 15, 1937. Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	1934?
Anemia, secondary	
Metastasis to brain?	2 days
Other contributory causes of importance:	
—	2 days

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Conrad Acton M.D. M. D.

(Address) Home for Incurables

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35540 ✓ F 35540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2816 Kildare Drive — Registered No. 37-782-W

CITY OF BALTIMORE: (No. ..... St., 37 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Kentwood McCauley. — If U. S. Veteran specify WAR .....

(a) Residence: No. 2816 Kildare Drive Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lelia N. McCauley

6. DATE OF BIRTH (month, day, year) Sept 30, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tract Foreman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Howard Co. Md.

FATHER

13. NAME Thomas McCauley.

14. BIRTHPLACE (city or town) (State or country) Elkridge Howard Co. Md.

MOTHER

15. MAIDEN NAME Henrietta Hobbs.

16. BIRTHPLACE (city or town) (State or country) Elkridge Howard Co. Md.

17. INFORMANT Lelia N. McCauley.
(Address) 2816 Kildare Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 17, 1937

19. UNDERTAKER Walter R. McNamee.
(Address) 4114 Falls Road, Huntington Williams MD

20. FILED MAY 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 1932 to May 13, 1938.

I last saw him alive on May 13, 1938 Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Many years
Other contributory causes (importance): Cerebral Hemorrhage	7 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Fred B Jewett, M. D.

(Address) 2516 Nerm. Ave

Information should be carefully supplied. Any doubtful statement should be so stated. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35541 325953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35541

CERTIFICATE OF DEATH

8-253-E

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Spitzmagle

If U. S. Veteran specify WAR .....

(a) Residence: No. 1802 N. Milman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/10/78

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0260

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Phillip Spitzmagle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Fig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Baltimore, Cem. Date May 17 1937

19. UNDERTAKER Walter R. McNamara

(Address) 414 Lake Road

20. FILED MAY 16 1937 Huntington Whitworth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1937 to May 14, 1937

I last saw h... alive on May 14, 1937 Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of thyroid	
with metastasis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James A. Holman M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35542

HEALTH DEPARTMENT—CITY OF BALTIMORE

35542

CERTIFICATE OF DEATH

12-1175-a 1498

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 2819 Hampden Ave. St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Albert Lowes Johnson

6. DATE OF BIRTH (month, day, year): Dec 8, 1915

7. AGE: Years: 21 Months: 7 Days: 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: John Evans

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Annie Watson

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Lamar G. Johnson (Address) 2819 Hampden Ave

18. BURIAL, CREMATION, OR REMOVAL: Granite, Md. Date May 16, 1937

19. UNDERTAKER: Thenowetton. (Address) 3615 Christopher

20. FILED MAY 16 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to May 14, 1937

I last saw h[illegible] alive on May 14, 1937. Death is said to have occurred on the date stated above, at 11:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of the liver	4-30-37
Other contributory causes of importance: Delivery full term pregnancy	5-3-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical picture Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not.

(Signed) Stuart D. Sunday, M. D.

(Address) Union Memorial Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35543

M. D. B 1268-9

Dr Evans - W 40th St

✓ F 35543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Keswick Road) (St.) 36th (Ward)

Length of residence in city or town where death occurred 1yr 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate Bowen

If U. S. Veteran specify WAR .....

(a) Residence: No. 3505 Keswick Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Augustus T. Bowen

6. DATE OF BIRTH (month, day, year) Feb 19, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Augustus T. Bowen

(Address) 3505 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hampden Date May 18, 1937

19. UNDERTAKER C Turnbull Jr

(Address) 3615 Chestnut Ave

20. FILED MAY 18 1937 Lexington Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest first that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hertory attack for past 12 yrs	
found in Bed	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A Evans M. D. Coroner

(Address) 612 W 40th St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AY 18 1937

F 35544

F 35544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-2 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Fulton Ave. St., 19 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Katie Kern

(a) Residence: No. 13 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Kern

6. DATE OF BIRTH (month, day, year) October 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crotan, West Chester Co New York

FATHER

13. NAME Frederick Worster

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna C. Ewig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. William Kern
(Address) 13 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. May 17 19 37

19. UNDERTAKER Joseph Cook
(Address) 1003 N. Baltimore St.

20. FILED ..... 19 ..... Registrar

MAY 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 13 19 36 to May 15 19 37
I last saw her alive on May 14 19 37. Death is said to have occurred on the date stated above, at 8.05A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	1 Day

Other contributory causes of importance:
Chronic myo Carditis & Hypertension Senility.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A Cala M. D.

(Address) 4 N. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35545 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35545

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6005 Sefton Ave. St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MICHAEL ANGELO ZITO

(a) Residence: No. 6005 Sefton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
WIFE of (or) HUSBAND of Felice Zito

6. DATE OF BIRTH (month, day, year) May 8, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0019

10. Date deceased last worked at this occupation (month and year) Dec. 1936

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) (State or country) Cifalu Italy

FATHER

13. NAME Joseph Zito

14. BIRTHPLACE (city or town) (State or country) Cifalu Italy

MOTHER

15. MAIDEN NAME Marianna Campagna

16. BIRTHPLACE (city or town) (State or country) Cifalu Italy

17. INFORMANT Mr. Joseph Zito (Son)
(Address) 2718 Baker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date May 17 1937

19. UNDERTAKER Joseph Book
(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar

MAY 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to May 14, 1937

I last saw him alive on May 10, 1937 Death is said to have occurred on the date stated above, at 5.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cerebral Sclerosis	April 1-37
Other contributory causes of importance:	
arterio-Sclerosis	2.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph L. Valentine M. D.

(Address) 16 E. Preston

Information should be carefully supplied. Any statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35546

35546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23579 JS.

Registered No. 9-9 V 13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edna Wilkinson

(a) Residence: No. 1501 Aisquith St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Wilkinson

6. DATE OF BIRTH (month, day, year) 9-17-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph Lewis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy Parker

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, REMOVAL

Place Richmond Va. Date May 17th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAY 17 1937 Huntington Williams, M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-14, 1937 to 5-16, 1937

I last saw her alive on 5-16, 1937 Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-vascular Renal Disease — Date of onset 4/36

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how

(Signed) John L. Rainey, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 35547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35547

122-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp. St., 9-6 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Wm. Silverwood

(a) Residence: No. 2762 Fenwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or ~~WIFE of~~) Lulu M. Silverwood

6. DATE OF BIRTH (month, day, year) Dec 21st 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Bath Md

FATHER

13. NAME William Silverwood

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Pearl S. Donohue

(Address) 2762 Fenwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 18 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams M.D.

20. FILED MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11 1937 to May 16 1937

I last saw him alive on May 16 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & hypertension & chronic nephritis & uremia	
Other contributory causes of importance: Inguinal hernia (bilateral)	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul Schonfeld M. D.

(Address) University Hospital

Instructions: Fill in all blanks with typewriter or pen and ink. Use no abbreviations except in addresses. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 35548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35548

CERTIFICATE OF DEATH

11-2 ✓ 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME W. Grace King

(a) Residence: No. 514 Cathedral St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 31 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Eugene King

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Susan Wagner

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Mrs. Julia Sullaken

(Address) Wetherby Apartments

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date 5/17/37

19. UNDERTAKER Henry A Wiltze & Son

(Address) 4401 Edmondson Ave

20. FILED MAY 17 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 13-37

Other contributory causes of importance:

Arterial Sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? 37

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) Thos. H Phillips M. D.

(Address) 1939 Edmondson Ave,

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35549

CERTIFICATE OF DEATH

9 yrs a

1. PLACE OF DEATH Pronounced dead at St. Agnes Hospital 2500 Ward) 1
CITY OF BALTIMORE: (No. W. Lafe St.,

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Koontz
If U. S. Veteran specify WAR .....

(a) Residence: No. 324 Marydell Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Koontz

6. DATE OF BIRTH (month, day, year) Dec 13-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rosenbloom's
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ellicott city
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George E. Fawson
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Wells
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs D R Howard
(Address) 324 Marydell Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 17 1937

19. UNDERTAKER F. B. Tippett & Son
(Address) 1300 Eastern Ave

19 ... Registrar

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above. 4 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Hypertension	

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. If UNKNOWN, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

35550

HEALTH DEPARTMENT—CITY OF BALTIMORE

35550

CERTIFICATE OF DEATH

10982 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 25-1 Ward)

Registered No. 8954

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Praetorius (Phillip Edward Praetorius)

If U. S. Veteran specify WAR

(a) Residence: No. 3706 Ferndale Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary H. Praetorius

6. DATE OF BIRTH (month, day, year) Feb. ? 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist & Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 10-26 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Praetorius

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Franke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 17, 1937

19. UNDERTAKER Wm. J. Tschantz Sons

(Address) North & Pa Aves

FILED MAY 7 1931 19 Registrar.

Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1937 to 5-15 1937

I last saw him alive on 5-15 1937 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	10 da
Cerebral Hemorrhage	5 yrs.

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35551 HEALTH DEPARTMENT—CITY OF BALTIMORE 35551

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. moa. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1007 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. James L. Williams

6. DATE OF BIRTH (month, day, year) Dec. 25, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Perry Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Hammond

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Marie Williams Curtis

(Address) 1007 Druid Hill ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date 5/17 1937

19. UNDERTAKER Frances G. Hemsley

(Address) 578 W. Biddle St

20. FILED 19 Registrar

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11 1937 to May 13 1937

I last saw her alive on May 13 1937 Death is said to have occurred on the date stated above, at 10 15/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis & Septicemia & Peritonitis	5-8-37
Other contributory causes of importance: Diabetes Mellitus Hypertension.	? ?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George H. Brouillet M. D.

(Address) St. Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35552 F 35552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23497--CM

Registered No. 94-3121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martin Willis

(a) Residence: No. 1149 Riverside Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-20-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Increse Willis

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Georgia Wells

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Morehead City N. Carolina Date May 17 1937

19. UNDERTAKER A. Rogers Evans (Address) 1400 Eastern

20. FILED MAY 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5-11- 1937 to 5-16 1937

I last saw him alive on 5-16 1937 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	5-4-37
with Abscess	
Generalized Peritonitis	5-11-37
Other contributory causes of importance:	
Lobar Pneumonia	
LL.	5-11-37

Was an operation performed? yes Date of 5-11-37

For what disease or injury? Acute appendicitis with abscess

Name of operation Appendectomy + Drainage of Abscess

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. T. Carpenter M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35553

F 35553 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1063 Argyle ave St. 12 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Anderson

If U.S. Veteran specify WAR ....

(a) Residence: No. 1063 Argyle ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 17, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Giles Anderson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Jessie Anderson

(Address) 1063 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 17, 1937

19. UNDERTAKER C. C. Nelson

(Address) 1302 Pennsylvania ave

FILED MAY 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/37 19

22. I HEREBY CERTIFY, That I attended deceased from 5/11/37, 19..., to 5/14/37, 19...

I last saw her alive on 5/12/37 19... Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Intestinal Obstruction.	3 days	5/11/37

Other contributory causes of importance:

Almost complete stricture of the rectum

Was an operation performed? Yes Date of 5/12/37

For what disease or injury? Stricture of rectum

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. Lee Ellis, M. D.

(Address) 524 Park ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Liszewski

F 35554

F 35554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-3 ✓ 93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 S. Wolf St., 2 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Peter J. Liszewski

(a) Residence: No. 616 S. Wolf St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalena

6. DATE OF BIRTH (month, day, year) Dec. 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64 65	4 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retail merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocery store (retired)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Borkowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Magdalena Liszewski

(Address) 616 S. Wolf St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date May 19th 1937

19. UNDERTAKER George A. Weber

(Address) 703 S. Ann St.

20. FILED MAY 17 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	
Other contributory causes of importance: (Probably) coronary embolism	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. W. Wright, M. D.

(Address) 1010 S. Edwood Corrigan

Information should be carefully supplied. Age should be given in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35555 — CERTIFICATE OF DEATH — 115-9 — F 35555

1. PLACE OF DEATH Maryland Gen'l Hosp. 16-4

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ruth M. Bien

(a) Residence: No. 1950 Mosher St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 26, 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Mr. Charles B. Bien

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mae Rutter

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Chas. B. F. Bien
(Address) 1950 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 17, 1937

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. [illegible]

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 13, 1937
I last saw her alive on May 13, 1937 Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	
Myocardial failure	5/12
Pulmonary Edema	

Other contributory causes of importance:

Was an operation performed? Hem Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jerome Jeblmeyer M. D.
(Address) Maryland Gen'l Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

F 35556

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital 7-4 St., (Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary N. Lee

(a) Residence: No. 1516 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph C. Lee

6. DATE OF BIRTH (month, day, year): Feby 5, 1885

7. AGE: Years 51 | Months 10 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va. Caroline

FATHER

13. NAME: Addison Clayton

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Hannah Johnson

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Joseph C. Lee 1516 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL: Arbutus Memorial Park May 17, 1937

19. UNDERTAKER (Address): Robert E. Gordon 804 N. Carlton St.

Filed MAY 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-13-1937

I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to May 13, 1937

I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset: ?

Other contributory causes of importance:

Hypothyroidism Thyroid

Was an operation performed? no Date of

For what disease or injury? Cane

Lab + Clinical What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. H. Harris M. D.

(Address) 1207 N Caroline St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35557

CERTIFICATE OF DEATH

51F

1. PLACE OF DEATH

CITY OF BALTIMORE: (Sinai Hospital 15-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Max Sapidus

If U. S. Veteran specify WAR

(a) Residence: No. 2703 Liberty Heights St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor Boarding

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Soda Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Sapidus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosa Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morton Sapidus

(Address) 2703 Liberty Heights

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Mem. Park Date 5/20/37

19. UNDERTAKER Geo. Sapp Jr.

(Address) 1437 E. Baltimore St.

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-19, 1937, to 5-16, 1937

I last saw h[illegible] alive on 5-16, 1937. Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Cancer	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-6-37

For what disease or injury? Cancer of stomach

Name of operation Gastroenterostomy

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elliott Mendelson M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35558 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35558

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 6-2 Ward) 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) 43 yrs. mos. da. How long in U. S. If of foreign birth 43 yr. mos. da.

2. FULL NAME Jacob Goldman

If U. S. Veteran specify WAR

(a) Residence: No. 127 N Milton ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Rachel

6. DATE OF BIRTH (month, day, year) 4-15-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Fletcher 1068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Berel Goldman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pearl

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Person Goldman

(Address) 5002 Litchfield ave

18. BURIAL, CREMATION, OR REMOVAL

Wash Blvd Date 5-18-37

19. UNDERTAKER Isaac Lewis Sr

(Address) 1939 E Baltimore St

20. FILED ..... 19..... Registrar.

MAY 17 1937 Washington Hillsboro, Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15-37 19

22. I HEREBY CERTIFY, That I attended deceased from 5-14 1937 to 5-15 1937

I last saw him alive on 5-15 1937 Death is said to have occurred on the date stated above, at 6 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Type III	
Myocardial failure	
Chronic nephritis	over
Uremia.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, how?

(Signed) M Rochemis M. D.

(Address) Sinai Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Conquest

If U. S. Veteran specify WAR .....

(a) Residence: No. 659 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adele Conquest

6. DATE OF BIRTH (month, day, year) Nov 3 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Stone Va
(State or country)

FATHER

13. NAME Levi Conquest

14. BIRTHPLACE (city or town) Eastern Shore Md
(State or country)

MOTHER

15. MAIDEN NAME Millie Faulkney,

16. BIRTHPLACE (city or town) White Stone Md
(State or country)

17. INFORMANT Carrie Wilson

(Address) 659 Pierce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 17, 37

19. UNDERTAKER Mrs Katie R. Wellons

(Address) 322 N Schroeder St.

20. FILED ..... Registrar. Ft Worth Texas

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-2 1937 to 5-13 1937

I last saw him alive on 5-13 1937 Death is said to have occurred on the date stated above, at 4 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric ulcer	5-2-37
Generalized Peritonitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. Schwabe, M. D.

(Address) President Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35560

Registered No. 95-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Little

If U. S. Veteran specify WAR

(a) Residence: No. 1621 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 21 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stonehaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Little

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John J. Little (mother)

(Address) 1621 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date May 19 1937

19. UNDERTAKER Henry Hood & Son Inc

(Address) 314 E. Eager St

Filed MAY 17 1937 Washington Hutchinson, M.D.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came ... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular hypertension	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Wright, M. D.

(Address) 1010 S. Ellwood Ave

Instructions: Fill in all items in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION

35561 F 35561

HEALTH DEPARTMENT—CITY OF BALTIMORE

23451 JS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 15 Ward) Registered No. 1 37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Lowenstein

If U. S. Veteran specify WAR

(a) Residence: No. 226 S. Patterson Pk. Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single ~~Married~~

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Lowenstein

6. DATE OF BIRTH (month, day, year) 9-26-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Herman Lowenstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachael Goldsmith

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Beth Shalom Cem. Date May 18 1937

19. UNDERTAKER Sherd Sondheim & Son
(Address) 1202 Eutaw Place

20. FILED Huntington Wilhelm [illegible]

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-9, 1937 to 5-16, 1937

I last saw h[illegible] alive on 5-16 1937. Death is said to have occurred on the date stated above, at 9:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	Unk
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Raney M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether from accident, suicide or homicide. OCCUPATION is very important. See instructions on back of certificate.

35562

HEALTH DEPARTMENT—CITY OF BALTIMORE

35562

CERTIFICATE OF DEATH

17-125

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 558 W. Biddle St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clarence A. Duncan

If U. S. Veteran specify WAR .....

(a) Residence: No. 557 W. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 23rd 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME [redacted] Parker Robinson

14. BIRTHPLACE (city or town) (State or country) Darlington S. C.

MOTHER

15. MAIDEN NAME Frances Cooley

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Bertha Jackson Sister

(Address) 557 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lincoln S. C. Date May 20 1937

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED MAY 17 1937

[illegible] Registrar.

VR 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937 to May 15 1937

I last saw h[illegible] alive on 5-14 1937 Death is said to have occurred on the date stated above, at 1 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	3-1-37

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James Ray M. D.

(Address) 1126 Druid Hill

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35563

CERTIFICATE OF DEATH

F 35563

10-2-93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie C. Hawkins

(a) Residence: No. 904 Madison St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Hawkins

6. DATE OF BIRTH (month, day, year) May 20, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) employed in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Reed

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Gray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edna Harris (Niece)
(Address) 1028 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Laurel Cemetery Date 5-18-37

19. UNDERTAKER John W. Johnson
(Address) 1700 Druid Hill Ave.

Huntington Baltimore Md.

MAY 17 1937

V 9 3

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) May 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to May 15, 1937

I last saw her alive on May 13, 1937 Death is said to have occurred on the date stated above, at 5 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Congestive Heart Disease	2 mo
Other contributory causes of importance:	
Erysipelas of legs	2 mo

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Bramble M. D.

(Address) St. Joseph's Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35564 F 35564

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 25-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Shaw (23142) If U. S. Veteran specify WAR

(a) Residence: No. 3222 Tate St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Jan. 1, 1902 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35 38	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Garrett

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Lula Agetton

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date May 17 1937

19. UNDERTAKER Robert Williams
(Address) 715 N Mc Elderry St

20. FILED MAY 17 1937 Registrar.

V9 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to May 14, 1937

I last saw her alive on May 14, 1937. Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1935
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leon H. Feldman. M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 35565

F 35565 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Silas Lewis

(a) Residence: No. 1405 N. Dallis St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Lewis

6. DATE OF BIRTH (month, day, year) Dec. 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Lewis

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Betts

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rebecca Gosking
(Address) 1746 Llewelyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 5-17- 1937

19. UNDERTAKER Bryson & Mangels & Wright
(Address) 1700 Eldersley St.

20. Filed MAY 17 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to His death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Acute Dilatation	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. K. Cohen M. D.

(Address) 2757 W. North Ave.

STATE CAUSE OF DEATH IN PLAIN TERMS. DO NOT USE ONLY TERMS OF CLASSIFICATION. OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35566

CERTIFICATE OF DEATH 1 2 1

F 35566

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Druid Hill ave St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Johnson Booth

(a) Residence: No. 1733 Druid Hill ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John H. Booth

6. DATE OF BIRTH (month, day, year) Oct 27, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) arbutus md

FATHER

13. NAME Daniel Savoy

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Susan Wells

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT William Talbert

(Address) 1733 Druid Hill ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Auburn Date May 18 37

19. UNDERTAKER George T. A. Gibson

(Address) 1735 Druid Hill ave

20. Filed MAY 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 12 . 1937 . to May 14 . 1937

I last saw h[illegible] alive on. May 14 . 1937 Death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
atrophic arthritis	4-24-35
cardio-renal-vascular disease	7-20-36
cerebral hemorrhage	5-12-37

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Lair M. D.

(Address) 865 W Lexington St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35567

35567 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 E Ostend St. 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John. E. Hall

If U. S. Veteran specify WAR

(a) Residence: No. 129 E Ostend St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances B. Hall

6. DATE OF BIRTH (month, day, year) Feb. 3rd. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME James. H. Hall

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Barbara. Eatzel

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Frances. B. Hall

(Address) 129 E. Ostend St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross C & C Date 5-19th 1937

19. UNDERTAKER Bernard. C. Hasle.

(Address) 121 E West St

20. FILED ... 19 ... MAY 17 1937 ... Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937 to May 16, 1937

I last saw deceased alive on May 16 1937 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 mos
Other contributory causes of importance: Muscular Rheumatism	6 mos

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Melvin M. D.

(Address) 279 Williams St

MAY CAUSE OF DEATH is plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

35568 ✓ F 35568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 3108

1. PLACE OF DEATH St Agnes' Hospital, (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Gilkeson & Caton Aves St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Norman Fink

(a) Residence: No. 1933 Lombard St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 21-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	4	26	
16 mo			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Louis Fink

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Rosanna Perry

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Louis Fink (Address) 1933 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL. Loudon Park Cemetery Date May 19, 37

19. UNDERTAKER George F. Schmidt (Address) 2101 Fredrick Ave.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) 5-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-15-1937 to 5-17-1937

I last saw him alive on 5-17-1937 Death is said to have occurred on the date stated above, at 7.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Upper Respiratory Infection	5-10-37
Lobar Pneumonia.	5-13-37

Other contributory causes of importance:

Malnutrition

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Louis L. Llewellyn M. D.

(Address) St. Agnes Hospital

THE CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

6LL1 AVE

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35569 HENRY

CERTIFICATE OF DEATH

F 35569

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1308 Argyle Ave St., (Ward) 108 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Lee Armstrong If U.S. Veteran specify WAR ....

(a) Residence: No. 1308 Argyle Ave St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Maggie Armstrong

6. DATE OF BIRTH (month, day, year): 1871

7. AGE: Years 66 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Maggie Armstrong 1308 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. May 17 1937

19. UNDERTAKER (Address): Emma Thompson 818 E. Lanvale St.

Eugene Williams, M.D. Registrar.

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 13 1937

I last saw him alive on May 13 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1 1937
Chronic Nephritis	May 1 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. T. Talbot M. D.

(Address) E. T. Talbot M.D.

THE CAUSE OF DEATH in plain terms so that it may be properly certified. OCCUPATION is very important. See instructions on back of certificate.

F 35570

35570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-5

1. PLACE OF DEATH U. S. Marine Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St. ..... Ward) 23
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
2. FULL NAME Wm H. Schoggins — If U. S. Veteran specify WAR World War
(a) Residence: No. 2504 Raymond Ave. St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Bordley Schoggins
6. DATE OF BIRTH (month, day, year) Nov. 12 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	6	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co

FATHER
13. NAME Isaac Schoggins
14. BIRTHPLACE (city or town) (State or country) Howard Co

MOTHER
15. MAIDEN NAME Elizabeth Thomas
16. BIRTHPLACE (city or town) (State or country) Howard Co

17. INFORMANT Records U.S. Marine Hospital
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Sinai Park National Date May 19th 1937

19. UNDERTAKER Joseph A. Sisley
(Address) 409 N Mount Street Baltimore Md

MAY 17 1937
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary type Chronic	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of Injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) John N Evans, M. D.
(Address) 612 N 40 St Coroner

V S 6

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 35571

35571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-2 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E. Read St., Avon Aparts. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Linnie G. Roe

(a) Residence: No. 6 E. Read St. Avon Aparts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. T. Roe

6. DATE OF BIRTH (month, day, year) Nov 28, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME John McFarland

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Covington

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sara A. Roe

(Address) 6 E. Read St.

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville Md. Date May 19, 1937

19. UNDERTAKER John C. Mitchell

(Address) 1900 Eutaw Place

20. FILED , 19 Registrar.

No. 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937 to May 17, 1937

I last saw h.i.R alive on May 16, 1937 Death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	?
HYPERTENSION	?
CEREBRAL HEMORRHAGE	abt 5-15-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Jones, M. D.

(Address) 1129 St. Paul St.

THE CAUSE OF DEATH in plain terms, so that it may be understood by the public, is very important. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 35572

35572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23-1 161-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 So. Sharp St., Ward)

Length of residence in city or town where death occurred..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Butler

(a) Residence: No. 1238 So. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Louis Butler

14. BIRTHPLACE (city or town) Manning
(State or country) So Car.

MOTHER

15. MAIDEN NAME Lena Ford

16. BIRTHPLACE (city or town) Pinewood
(State or country) So Car.

17. INFORMANT Lena Butler
(Address) 1238 So Sharp St

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date MAY 17 1937 19
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
Address

20. FILED MAY 17 1937
Registrar

3209

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937 to May 16, 1937
I last saw h... alive on May 16, 1937 Death is said to have occurred on the date stated above, at 9:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify.

(Signed) C. C. Briscoe, M. D.

(Address) Univ. Hospital

OCCUPATION is very important. See instructions on back of certificate.

35573 F 35573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-6 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bayview Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles R. Webster.

If U. S. Veteran specify WAR

(a) Residence: No. 1714 E. Fairvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	white.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiana Lynch

6. DATE OF BIRTH (month, day, year) 12/26/1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 50 5

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James R. Webster.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Keenes.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Georgiana Webster
(Address) 1714 Fairvale st

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 5/18 (37)

19. UNDERTAKER Leonard J. Buck
(Address) 5705 Harford Rd.

20. FILED MAY 17 1937 19 Registrar.

Huntington Hillcrest, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/9/, 1937 to 5/15, 1937

I last saw h. alive on 5/15, 1937 Death is said to have occurred on the date stated above, at 7 50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	5/12/37.
Other contributory causes of importance: senility.	

Was an operation performed? yes. Date of 5/11/37.

For what disease or injury? Inguinal Hernia.

Name of operation Inguinal Herniaplasty.

What test confirmed diagnosis? clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George A. Bunn, M. D.

(Address) Baltimore Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 35574

35574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 S. Milton Ave. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Hayes

(a) Residence: No. 716 S. Milton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John Hayes

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Foods. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

13. NAME Wm. Runkle

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elis Brockendyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Wells (Address) 716 S Milton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 5/18/37

19. UNDERTAKER Libby & Zeiler Inc (Address) 403 E. Baltimore St.

20. FILED ... Registrar.

Y 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) 1010 S. Ellwood Ave. Coroner

State cause of death in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 35575

35575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-7 93c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 Denison St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary H. Soukup

If U. S. Veteran specify WAR

(a) Residence: No. 416 Denison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Soukup

6. DATE OF BIRTH (month, day, year) Feb 17 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buffalo New York

FATHER

13. NAME Anthony Bagrowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stella Gudzewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Charles Soukup

(Address) 416 Denison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 18 1937

19. UNDERTAKER Lilly & Zeilenhofer

(Address) 1603 Mt Holly St

20. FILED MAY 17 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by Inquiry and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Acute Dilatation of Heart	12 hrs

Other contributory causes of importance: Obesity & High blood Pressure several years

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

35576 F 35576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2-2 59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 S Wo[illegible] St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Kister

(a) Residence: No. 226 S Wolfe St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late John Kister.

6. DATE OF BIRTH (month, day, year) April 18 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired. housewife. 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Nicholas Meiner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Dippel.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Frank Zeiler (daughter) 226 S Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date May 18 1937

19. UNDERTAKER (Address) Luby & Zeiler Sr 403 S. Wolfe St.

20. [illegible] Registrar.

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 14 1937

I last saw h[illegible] alive on May 14 1937 Death is said to have occurred on the date stated above, at 10 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease - Cerebral Hemorrhage	4 yrs. ago
Chronic Nephritis	
Other contributory causes of importance: Acute Cardiac Failure	8 hrs.

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Were an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If [illegible] specify

(Signed) Lester E. Little M. D.

(Address) 928 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 35577

35577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4-1 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Park Ave. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE P. RUTLEDGE

If U. S. Veteran specify WAR .....

(a) Residence: No. 409 Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena C. Rutledge

6. DATE OF BIRTH (month, day, year) Nov. 6th. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joshua Rutledge

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Oliva Chenowith

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lena C. Rutledge

(Address) 1337 Mount Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 18th. 37

19. UNDERTAKER Chas F. Maus & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED 71351 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th, 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elmer B Hillary M. D.

Coroner

(Address) 1021 St Paul St

SIGNATURE OF DEATH IN PLAIN LETTERS, SO THAT IT MAY BE READ OF CERTIFICATE.

OCCUPATION is very important. See instructions on back of certificate.

V56

HEALTH DEPARTMENT—CITY OF BALTIMORE

35578 F 35578

35578

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 No. Castle St. 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura F Mayfield

If U. S. Veteran specify WAR .....

(a) Residence: No. 1833 No. Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Mayfield

6. DATE OF BIRTH (month, day, year) Jan 27 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Danzig Germany

FATHER

13. NAME ? Buerstenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Rudolph Mayfield

(Address) 1833 No Castle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date May 20 1937

19. UNDERTAKER Wilson & Tuckner & Sons

(Address) North & Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MAY 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 11, 1937 to May 15, 1937

I last saw her alive on May 15, 1937. Death is said to have occurred on the date stated above at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 Hr
Acute myocarditis	4 Hr
Arterial Hypertension	5 Yrs

Other contributory causes of importance: Senility

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Rosenberg M. D.

(Address) 2025 E Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

F 35579

35579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5518 Sefton Ave. St. 37-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur E. Evans

(a) Residence: No. 5518 Sefton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth K. Evans

6. DATE OF BIRTH (month, day, year) Feb. 12, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator 1031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machine Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob H. Evans

14. BIRTHPLACE (city or town) (State or country) Balto. County, Md.

MOTHER

15. MAIDEN NAME Christine E. Schatz

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT (Address) Mrs. Evans, 5518 Sefton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Date May 19, 1937

19. UNDERTAKER Frederick Boardwalk
(Address) 7401 Belair Road

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 - 1936 to May - 16 - 1937

I last saw him alive on May - 16 1937. Death is said to have occurred on the date stated above, at 3:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate.	

Other contributory causes of importance:

Was an operation performed? Yes - Date of

For what disease or injury? Prostatic hypertrophy

What test confirmed diagnosis? Pathologic Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Brooke Boyle M. D.

(Address) 5309 - Harford Road -

OCCUPATION is very important. See instructions on back of certificate.

35580 E 35580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3912 Walnut Ave St., 27-5 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Schmidt

(a) Residence: No. 3912 Walnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Schmidt

6. DATE OF BIRTH (month, day, year) June 1st 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) Dec. 33 to 1936

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Henry Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna E. Bachman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mc Cuely
(Address) 3912 Walnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 19 1937

19. UNDERTAKER Fredk. Lassahn & Son
(Address) 7401 Belair Rd.

MAY 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 36 to May 16 1937

I last saw h[illegible] alive on May 16 1937 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver -	5 mos
Other contributory causes of importance:	
Melena -	2 mos

Was an operation performed? yes Date of Feb 4 1937

For what disease or injury? Carcinoma of Liver -

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Gray - M. D.

(Address) 6 W. Mt. Vernon Pl.

OCCUPATION is very important. See instructions on back of certificate.

11

35581 54 3 28

HEALTH DEPARTMENT—CITY OF BALTIMORE E 35581

CERTIFICATE OF DEATH X 54-D

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hugh B. Coward

(a) Residence: No. Bulls Gap, Tenn. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) 7/5/98

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0066

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Tenn

FATHER

13. NAME Wm H. Coward

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Sarah Chestnut

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Bulls Gap Tenn. Date May. 19, 1937

19. UNDERTAKER Dan'l Mitchell & Sons
(Address) Gen Entau- Place

20. FILED ..... 19 ..... Registrar.

7193 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937 to May 17, 1937

I last saw h... alive on May 17, 1937 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor - benign	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-17-37

For what disease or injury? Brain Tumor.

Name of operation Cerebellar approach - removal cerebello pontine angle tumor left.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35582

35582

45-E

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Fait Ave St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Kazmira Dembeck

(a) Residence: No. 2917 Fait ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michael Dembeck

6. DATE OF BIRTH (month, day, year): Feb 14 1869

7. AGE: Years 68; Months 3; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Wm Sitarstin

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Michael Dembeck

(Address): 2917 Fait

18. BURIAL, CREMATION, OR REMOVAL: St. Stanislaus Cem. Date: May 16 1937

19. UNDERTAKER: Fletcher Frohwerk (N

(Address): 1500 E. Penwood Ave.

20. FILED 19 Registrar.

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 14 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 14 1937

I last saw h.. alive on May 13 1937. Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho Sarcoma	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Turkowski M. D.

(Address) 2029 E. Eager Av,

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 35583

35583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. . mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Beulah J. Blake

(a) Residence: No. 3722 Hickory Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. F. Blake

6. DATE OF BIRTH (month, day, year) Oct 28, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Norman Hathcote

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Minnie Craft

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm. F. Blake.

(Address) 3722 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Cathedral Date May 18, 1937

19. UNDERTAKER Edmonds & Son

(Address) 361 N. Eutaw St.

..... 19..... Registrar

7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1937

22. I HEREBY CERTIFY, That I attended the deceased from ..... to ..... that I last saw ..... alive on ..... and that death occurred at 11:30 P.M. on the date stated above.

The cause of death was ascertained by Autopsy (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Acute Dilatation	
	1934

Other contributory causes of importance: Rheumatic Heart.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Phillips, M. D.

Coroner

(Address) 1939 Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

35584 E 35584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1357 Stockton St. 15-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Woodland

(a) Residence: No. 1357 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Woodland.

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

FATHER

13. NAME Wesley Stewart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary A. Stewart

(Address) 1357 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date May 18, 1937

19. UNDERTAKER F. G. Nelson

(Address) 301 Preston corner St

... 19 ... Registrar.

MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas Carr Coroner, M. D.
Coroner

(Address) 215 N Arlington Ave

State CAUSE OF DEATH in plain terms. Indefinite answers will not be accepted. OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-26—A Co.—200 Bks.

35585

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 35585

108

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 814 Druid Hill Ave St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Hill

(a) RESIDENCE NO. 814 Druid Hill Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Percil Hill

6 DATE OF BIRTH (month, day, and year): Dec 30, 1893

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	43	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: John Hickman

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Lizzie Hickman

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Washington DC

14 Informant: Pearl Hickman

(Address): 1024 Mad. Ave Balto Md

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 5-15 19 3

17 I HEREBY CERTIFY, That I attended deceased from 5-9, 19 37, to 5-15, 19 37

that I last saw h[illegible] alive on 5-15, 19 3

and that death occurred, on the date stated above, at 11:30 A

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ...yrs. mos.

CONTRIBUTORY (Secondary): Pharyngitis

(duration) ...yrs. mos. 10

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Exam

(Signed) W. Atwell Jones M.

, 19 (Address) 1123 Tom a Av

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Peace Date of Burial 5/18 19

20 UNDERTAKER: Bernard P Hamsley ADDRESS 818 Druid Hill Ave

Y 177937

Information should be carefully supplied. AGE should be stated EXACTLY. Prefixes should always be used. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 35586

35586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-5 164-a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4807 Pennington Ave. St., ... Ward)

Length of residence in city or town where death occurred 29 yrs. --- mos. --- ds. How long in U. S. If of foreign birth 29 yrs. --- mos. --- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Zygmont Wanioek.

(a) Residence: No. 4807 Pennington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXX HUSBAND of XXXXXXX Amelia Wanioek.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Amelia Wanioek.(wife)

(Address) 4202 Grace Court.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross a.c. Date 5-18 1937

19. UNDERTAKER Ed Fanning & Son

(Address) 1938 E. Lafayette Ave

17 1937 Huntington Williams, Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide.	
Illuminating gas poisoning.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 5/15/37

Where did injury occur? 4807 Pennington Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of Injury Illuminating gas poisoning

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto H. Reinhardt M. D.
Coroner

5/15/37 Address 1017 S. Charles St.

USE OCCUPATION is very important. See instructions on back of certificate.

35587 E 35587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 N Collington ave St., 6-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Max Goldberg

(a) Residence: No. 405 N Collington ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	W

5a. If married, widowed, or divorced RUSHAND of (or) WIFE of Late Jennie Bernis

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	—	—	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaiah Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Goldberg

(Address) 405 N Collington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date May 18 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 427 E Balto st

20. FILED MAY 17 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1937 to May 15, 1937

I last saw h.m alive on May 15, 1937. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Myocardial degeneration

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M H Goldman M. D.

(Address) 1515 N Bentalou st

OCCUPATION is very important. See instructions on back of certificate.

VS 3

35588 ✓ F 35588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 506 S Macon St. 26-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Frederick Summers

(a) Residence: No. 506 S Macon St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hecht Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Summers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jennie McCauley
(Address) 506 S Macon St

18. BURIAL, CREMATION, OR REMOVAL
Place St Mathews Date May 19 1937

19. UNDERTAKER F V Kettner
(Address) 2301 Edmondson

20. FILED MAY 17 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17/1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937 to 5/17 1937

I last saw h[illegible] alive on 5/16 1937 Death is said to have occurred on the date stated above, at 3:4[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/1 5/16/37
Chronic Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) 1332[illegible] Baltimore

OCCUPATION is very important. See instructions on back of certificate.

35589 F 35589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 17465--CM/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Fox

(a) Residence: No. 405 S. Dean St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 8-16-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Thele

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Bookwell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 19 1937

19. UNDERTAKER C. Miller

(Address) 2433-35 E. Monument St.

20. FILED MAY 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1936 to 5-15 1937

I last saw her alive on 5-15 1937 Death is said to have occurred on the date stated above, at 7.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1 mo

Other contributory causes of importance:

Hypertension Cardio-Renal Disease	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(If so, specify)

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospitals

F 35590

F 35590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Corsey Roosevelt Taylor
If U. S. Veteran specify WAR

(a) Residence: No. 1408 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Taylor

6. DATE OF BIRTH (month, day, year) April 25-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pompey Md

FATHER 13. NAME ? Taylor -

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER 15. MAIDEN NAME Rosa Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Roosevelt Corsey 1408 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL Laurel Cemetery May 19 1937

19. UNDERTAKER (Address) John A Bladstacy Crisfield Md

ED 8 AUG 1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held a (Inquest, Autopsy or Inquiry) on the body and from the evidence (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Sigmoid - Peritonitis acute	May 8 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of May 9-37

For what disease or injury? Gun shot wound of Abdomen

Name of operation: Repair of perforation Date of May 9-37

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury May 8 1937

Where did injury occur? 1408 Myrtle Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun shot (32 Calibre) Wound of Abdomen - perforations -

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George S. Allen, M. D.
Coroner

(Address) 50 Fairmount Ave

35591 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35591

CERTIFICATE OF DEATH ✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME John J. Kelly

(a) Residence: No. 429 Calvin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE of~~ Mary A. Kelly

6. DATE OF BIRTH (month, day, year) June 4th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 3 Yr

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Kelly

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary A. Daugherty

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary A. Kelly
(Address) 429 Calvin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 19th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 193 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937 to May 17, 1937

I last saw him alive on May 17, 1937. Death is said to have occurred on the date stated above, at 5 45 m. 8 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & Metastasis to Liver	?
Other contributory causes of importance: Chronic Myocarditis	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George A. Brouillet M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 35592

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35592

CERTIFICATE OF DEATH

X V 272-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 10 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elizabeth Clark Connor

If U. S. Vet. specify WA No Record

(a) Residence: No. 408 W. Nash St. Wilson, N.C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Groves Connor, Jr.

6. DATE OF BIRTH (month, day, year) April 19, 1879

7. AGE	Years	Months	Days	If LESS than 1 day,.....hrs. or .....min.
58	yrs	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Pittsylvania County Virginia

FATHER

13. NAME William Thomas Clark

14. BIRTHPLACE (city or town) (State or country) Pittsylvania Co. Virginia

MOTHER

15. MAIDEN NAME Minnie Johnson

16. BIRTHPLACE (city or town) (State or country) Pittsylvania Co. Virginia

17. INFORMANT Husband-Henry Groves Connor Jr.

(Address) 408 W. Nash St. Wilson, N.C.

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Cemetery

Place Wilson N.C. Date May 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

MAY 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, 19..... to May 17, 1937

I last saw h.. alive on May 17, 1937, 19..... Death is said to have occurred on the date stated above, at 6.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkin's Disease	3 Mos
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-10-37

For what disease or injury? Biopsy of cervical gland. Excision of gland

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Wm. M. Copeland M. D.

(Address) Union Memorial Hosp.

OCCUPATION IS VERY Important. See instructions on back of certificate.

35593 E 35593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 17-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran give WAR Record

2. FULL NAME Henry Wagner

(a) Residence: No. 5526 Belair Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ May A. Wagner

6. DATE OF BIRTH (month, day, year) Oct 4th 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	7	5 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Ret~~

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H. Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Weidling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT May Wagner

(Address) 5526 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 19th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 18 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937, to May 16, 1937

I last saw him alive on May 16, 1937 Death is said to have occurred on the date stated above, at 11:05 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	?
Cardiac decompensation	5/13
Pulmonary edema	5/14

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Howard B. Haines M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

35594 E 35594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 502 South Haven St. 16-9 (Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie V Thoms

If U.S. Vet. specify WAR No Record

(a) Residence: No. 502 South Haven St., ... Ward.
(Usual place of abode) 14 Yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John R. Thoms

6. DATE OF BIRTH (month, day, year) April 1 - 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (city or town) (State or country) Phila de Gloria

FATHER

13. NAME Hanglick

14. BIRTHPLACE (city or town) (State or country) Neu Kagen

MOTHER

15. MAIDEN NAME Eliza "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John R. Thoms
(Address) 502 South Haven St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Carmel Date May 19 = 1937

19. UNDERTAKER Division Bond
(Address) 121 E Pratt Street

20. FILED MAY 18 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17/37 19

22. I HEREBY CERTIFY, That I attended deceased from 5/15 1937 to 5/17 1937

I last saw her alive on 5/16/37 19 . Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	
Chronic interstitial nephritis	
Other contributory causes of importance Hypostatic Pneumonia	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Tunnell, M. D.

(Address) 633 S. Conkling

INFORMATION IS VERY IMPORTANT. See instructions on back of certificate.

35595 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35595

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17-2nd Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary W Williams

(a) Residence: No. 1334 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas W Williams

6. DATE OF BIRTH (month, day, year) June 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carline SC

FATHER

13. NAME Fair Rice

14. BIRTHPLACE (city or town) (State or country) SC

MOTHER

15. MAIDEN NAME Ellen Hill

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT Josephine Queen

(Address) 627 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Int Cavalry Cem Date 5-19-1937

19. UNDERTAKER Byrd & Thomas & Knight

(Address) 1281 McCulloh St

Tom Williams Registrar.

20. FILED 5 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 15 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George E Cullen M. D.
Coroner

(Address) 58 E Lexington St

OCCUPATION is very important. See instructions on back of certificate.

V 56

F 35596

F 35596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-6 92-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1622 N. Bond St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Cooke
(a) Residence: No. 1622 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John B. Cooke

6. DATE OF BIRTH (month, day, year) Dec. 20 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (none)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Richard Watts
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Ellen A. Dunn
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Chas. Cook
(Address) 1622 N. Bond

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 5/20/37

19. UNDERTAKER Chas. E. Franck
(Address) 852 Madison Ave
Residence Huntington Williams 37

FILED MAY 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from February 8 1937 to May 17 1937
I last saw her alive on May 15 1937 Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 days
Chronic Interstitial Nephritis	90
Senile Arteriosclerosis	
Other contributory causes of importance: Acute Dilatation	1 day

Was an operation performed? No Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Albert Greenberg M. D.
(Address) 1025 E. Fayette St.

35597 F 35597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred —yrs. —mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Russell

(a) Residence: No. Womans Hospital St. Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	One	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Md

FATHER

13. NAME James M.Russell

14. BIRTHPLACE (city or town) (State or country) Balto.Md

MOTHER

15. MAIDEN NAME Catherine M.Penn

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hospital for Women Md Date 5-3-37 19

19. UNDERTAKER

(Address)

MAY 13 1937

(Signature and Title of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to May 2, 1937

I last saw him alive on May 2, 1937 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity associated with difficult forceps delivery due to pelvical dystocia.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. C. Bayless M. D.

(Address) 10 N Paca St

23002 MB E 35598

35598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Curtis

(a) Residence: No. 607 Cumberland St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 8-10-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 5/20 1937

19. UNDERTAKER Rayner Sanders

(Address) 1413 E. Preston St

20. FILED MAY 18 1937 19.... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-24-37 to 5-17 1937

I last saw h. (M) alive on 5-17 1937 Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, (Primary	10 da
Hypertensive Cardio-Vascular	Yrs
Renal Disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) John F. Kenny M. D.

(Address) Baltimore City Hospitals

F 35599

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35599

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH 4915 Litchfield St., 27-18 Ward.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) ..... How long in U. S. If of foreign birth? 32 yrs. ..... mos. ..... ds.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Rose Eugent

(a) Residence: No. 4915 Litchfield St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Percy Eugent

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Goldberg.
(Address) 1028 Parkin

18. BURIAL, CREMATION, OR REMOVAL
Place Forestdale Date May 18 1937

19. UNDERTAKER Jack Sevig Inc.
(Address) 1439 E Baltimore St

20. FILED 1937 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to he death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Fracture of left femur

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? No Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Crane M. D.
Coroner

(Address) 612 N 40 St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

35600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35600

CERTIFICATE OF DEATH

82-a

Registered No. 27-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Woodland St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? 26 yrs. mos. ds.

2. FULL NAME Susan Agnes McMahon If U. S. Veteran specify WAR

(a) Residence: No. 3215 Woodland Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Companion

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John McMahon

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME McNamara

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Anna McMahon (Address) 3215 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 5/19 1937

19. UNDERTAKER C. Vernon Lehman (Address) 7611 Park Heights.

MAY 18 1937 Washington Witness, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937, to May 16, 1937

I last saw her alive on May 15, 1937. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Disease (a secondary septemia)	5/10/37
Other contributory causes of importance:	none

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Symp. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Robert Selig M. D.

(Address) 2140 Mt. Royal Terrace

F 35601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

35601

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2002 E. Lombard St (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Sterner

If U.S Veteran specify WAR .....

(a) Residence: No. 2002 E. Lombard St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 1 1879

7. AGE — Years: 58 — Months: 2 — Days: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Post office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Frank Sterner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hammel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eva Sterner

(Address) 2002 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 19 1937

19. UNDERTAKER Martin W. Eggerdinger

(Address) 1 W. Lanvale St

20. FILED MAY 18 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25 1937 to May 16 1937

I last saw h in alive on May 16 1937 Death is said to have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 15, 37
Other contributory causes of importance: Chronic Hypertension	?
Chronic Cholecystitis	?

Was an operation performed? — Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Leo L. Kolack M. D.

(Address) 1265 Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 35602

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35602

CERTIFICATE OF DEATH 23138--EF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wallace Franklin

If U. S. Veteran specify WAR WW

(a) Residence: No. 1505 W. Saratoga St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pollie Franklin

6. DATE OF BIRTH (month, day, year) 1-6-~~1893~~ 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37 ~~44~~	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Suffock, Virginia

FATHER

13. NAME George Franklin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Kidic

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date May 20 1937

19. UNDERTAKER Katie F. Williams

(Address) 322 N. Edwards St

~~Emily~~ Katie F. Williams

MAY 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-29 1937 to 5-16 1937

I last saw h. alive on 5-16 1937 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm of Aorta	2 mos
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hosp

35603

HEALTH DEPARTMENT—CITY OF BALTIMORE

35603

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital, St., 8-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. Washabaugh (WISHABAUGH) If U. S. Veteran specify WAR

(a) Residence: No. Baltimore Cemetery Entrance Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma M. Washabaugh

6. DATE OF BIRTH (month, day, year) March 19th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetery

10. Date deceased last worked at this occupation (month and year) July 1936

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (City or town) (State or country) Chambersburg Pennsylvania

FATHER

13. NAME Prather Washabaugh

14. BIRTHPLACE (City or town) (State or country) Chambersburg Pennsylvania

MOTHER

15. MAIDEN NAME Margaret Silvers

16. BIRTHPLACE (City or town) (State or country) Chambersburg Pennsylvania

17. INFORMANT Mrs Emma M. Washabaugh
(Address) 2723 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery May 20th 37

19. UNDERTAKER Frederick Loudenslager Sons
(Address) 5401 Belair Road

20. FILED 19 Huntington Williams, M.D.

MAY 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to May 17, 1937

I last saw him alive on May 17, 1937 Death is said to have occurred on the date stated above, at 1 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Cardio-Vascular disease & congestive heart failure	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George H. Brouillet M. D.

(Address) St. Joseph's Hospital

5604 E 35604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 South Calhoun St. 19-3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Eva Schroeder

(a) Residence: No. 312 South Calhoun St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob J. Schroeder

6. DATE OF BIRTH (month, day, year) February 17, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME William Keller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Boch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Jacob J. Schroeder
(Address) 312 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 19, 1937

19. UNDERTAKER Wm. Fischer & Sons
(Address) North & Pa Ave.

MAY 18 1937 E. F. [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to May 16, 1937.

I last saw h[illegible] alive on May 15, 1937. Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance: Lobar pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas S. Bowyer M. D.

(Address) 3632 Frederick Ave

VS 3

F 35605

35605 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2204 Lyndhurst St 15-G Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Edward Johnston
If U. S. Veteran specify WAR

(a) Residence: No. 2204 Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarissa B. Johnston

6. DATE OF BIRTH (month, day, year) May 9, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutchinson Bros.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Johnston
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ? Crawford
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Clarissa B. Johnston
(Address) 2204 Lyndhurst St.

18. BURIAL, CREMATION OR REMOVAL
Place London Park Cem. Date May 20, 37

19. UNDERTAKER Wm. Pickrell Sons
(Address) North & Pa Aves.

20. FILED MAY 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15 1936, to May 18 1937
I last saw h[illegible] alive on May 17 1937. Death is said to have occurred on the date stated above, at 2.14a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Other contributory causes of importance: Chr. Nephritis	

Was an operation performed? None Date of

For what disease or injury? None

Name of operation None What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Shannon M. D.
(Address) 700 N. Fulton Ave.

35606 F 35606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH: Mercy Hospital
CITY OF BALTIMORE: (No. Calvert & Eutaw St., 13-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edwin Pyle — If U. S. Veteran specify WAR

(a) Residence: No. 2403 Eutaw Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie F. Pyle

6. DATE OF BIRTH (month, day, year): July 11, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	81	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired Farmer
10. Date deceased last worked at this occupation (month and year): Harford Co.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: William Pyle
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Susan Lancaster
16. BIRTHPLACE (city or town) (State or country): Pa. [redacted]

17. INFORMANT: Mr. Jas. H. Pyle
(Address) 2 E. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Deer Creek, Md. Date: May 20, 1937

19. UNDERTAKER: Wm. J. Tschudi & Sons
(Address) North & Pa.

20. FILED MAY 13 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937, to May 11, 1937
I last saw him alive on May 11, 1937. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Septicemia (Hemolytic Strep)	
Secondary to Hypertrophy of prostate & Pyelonephritis	

Other contributory causes of importance:

Was an operation performed? No Date of:

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Jones Jr. M. D.
(Address) Mercy Hospital

F 35607

35607 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2536 Wilkens St. 20-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LeRoy Edwin Pollard — If U. S. Veteran specify WAR None

(a) Residence: No. 2536 Wilkens St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Pollard

6. DATE OF BIRTH (month, day, year) Nov 2 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros

10. Date deceased last worked at this occupation (month and year) May 7 / 37

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Pollard

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Laura Deaver

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mary Pollard

(Address) 2536 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 19, 37

19. UNDERTAKER H. Kruger Sons

(Address) North Ave

20. FILED MAY 18 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9 1937 to May 15 1937

I last saw h.. alive on May 15 1937 Death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis	2 yrs
Cardiac Decompensation	1 yr
Chronic Nephritis	1 yr
Other contributory causes of importance: Acute Dil. of bowels	1 dy.

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. L. Moore M. D.

(Address) 516 Eastern Ave

F 35608

35608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 N Charles St., 12-6 Ward)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nellie Rowland

(a) Residence: No. 2118 N Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of ✓

6. DATE OF BIRTH (month, day, year) March 24-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	1	20		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) London (State or country) England

FATHER

13. NAME Henry W Rowland

14. BIRTHPLACE (city or town) London (State or country) England

MOTHER

15. MAIDEN NAME Julia Blake

16. BIRTHPLACE (city or town) London (State or country) England

17. INFORMANT Evelyn J. Rowland (Address) 608 Highland Ave Towson

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Cem Date May 19 37

19. UNDERTAKER The J. Fickus Sons (Address) North Avenue

20. FILED MAY 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15 1937 to May 16 1937

I last saw her alive on May 16 1937 Death is said to have occurred on the date stated above, at 5-50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/16/37
Other contributory causes of importance: Hypertension - Arteriosclerosis - Senile	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dunstan F. Robinson M. D.

(Address) Medical Arts Bldg.

35609

HEALTH DEPARTMENT—CITY OF BALTIMORE

35609

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 N. Pulaski Street St., 15-4 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charlotte Marie Seltzer

(a) Residence: No. 2227 N. Pulaski Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Charles B. Seltzer

6. DATE OF BIRTH (month, day, year) Dec 23rd 1863

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia, Pa. (State or country)

FATHER

13. NAME Adolph Schmidt

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mr Charles B. Seltzer (Son)
(Address) 2227 N. Pulaski St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date May 20th 1937

19. UNDERTAKER J. H. Grieger & Sons
(Address) [illegible]

20. FILED ..... 19..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11th 1937 to May 19th 1937

I last saw h[illegible] alive on May 17th 1937. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	6 mos.
Other contributory causes of importance: Interstitial Nephritis.	2 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Hugh Forsythe M. D.

(Address) 124 E. North Ave

OCT 18 1937

35610 HEALTH DEPARTMENT—CITY OF BALTIMORE 35610

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

life

2. FULL NAME Jacob W. Boettinger If U. S. Veteran specify WAR W.W.

(a) Residence: No. 538 Brunswick St., Balto. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mae Hohmann Boettinger

6. DATE OF BIRTH (month, day, year) June 15, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	9 11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) 8-5-1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry Boettinger

14. BIRTHPLACE (city or town) York (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret Schlichthorm

16. BIRTHPLACE (city or town) Unterfranken, (State or country) Germany

17. INFORMANT Records-U. S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Date 5/20/37

19. UNDERTAKER George W. Farley (Address) Fulton Ave. & Fayette

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to May 17, 1937

I last saw him alive on May 17, 1937. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial,	1919
Pleurisy, chronic, suppurative	1931
	war

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. Anderson, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

VS 3

M. D. P. 1268-9

✓ F 35611

35611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

953

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 16-4 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Amelia Muth (Amelia Gertrude Muth)

(a) Residence: No. 1829 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Muth, Jr.

6. DATE OF BIRTH (month, day, year) April 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	-	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkeley County Virginia

FATHER

13. NAME James Hoyle

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Walter Muth
(Address) Pulaski, Kentucky

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 19 37

19. UNDERTAKER Joseph B. Boyle
(Address) 1003 N. Eutaw St.

NOV 13 1937 Lexington Milwaukee, Wis.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to May 17, 1937

I last saw her alive on May 17, 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-13-37
Hypertension	

Other contributory causes of importance:

Hypertensive Cardiac disease
Auricular fibrillation

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. T. Boyle, M. D.

(Address) 7 Marble Hgts. Blvd

F 35612 ✓ F 35612

F 35612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2307 Edmondson Ave. St., 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Harriet H. Herman

(a) Residence: No. 2307 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick B. Herman

6. DATE OF BIRTH (month, day, year) December 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Alfred T. Halstead

14. BIRTHPLACE (city or town) Bury
(State or country) England

MOTHER

15. MAIDEN NAME Hannah Hergesheimer

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Frederick B. Herman
(Address) 2307 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 19, 1937

19. UNDERTAKER Robert B. Cook
(Address) 1003 W. Baltimore St.

20. FILED MAY 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936 to May 17, 1937. I last saw her alive on May 14, 1937. Death is said to have occurred on the date stated above at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast operated	1930
Carcinoma of right lung	July 1936
Atelectasis of left lung	Oct 1936
Other contributory causes of importance: Chronic Cholecystitis & Cholelithiasis	c

Was an operation performed? Yes Date of 1930

For what disease or injury? Carcinoma of Rt. Breast

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Stockhat, M. D.

(Address) 2302 Edmondson Ave.

35613 ✓ E 35613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Augusta St., 5-1 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma V Randolph

(a) Residence: No. 207 Augusta St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Folks Home Augusta

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Columbus Randolph

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mrs Mary Randolph

(Address) 2028 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 20, 1937

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Edmondson Ave.

[illegible] Funeral Home

MAY 18 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Inquest, Autopsy or Inquiry) thereon and from the evidence [illegible] (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	May 1 1937
Hypertension	
Chronic Myocarditis	

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify .....

(Signed) Geo. L. Allen M. D.

(Address) 50 Augusta St

35614 # 22028 EB RE 35614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
If U. S. Veteran specify WAR

2. FULL NAME Albert Brooks
(a) Residence: No. 608 N. Fremont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married (Separated)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie

6. DATE OF BIRTH (month, day, year) 7-1-1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	10	16 15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME John
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Mary Lilly
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 20, 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St.

20. FILED MAY 18 1937 [illegible] Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-19-, 1937 to 5-16-, 1937
I last saw h[illegible] alive on 5-16-, 1937 Death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1
Empyema, tuberculous left	1
Other contributory causes of importance:	

Was an operation performed? Yes Date of 3-25-37
For what disease or injury? Empyema, left
Name of operation Thoracotomy
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O. L. Branligan M. D.
(Address) Baltimore City Hosp.

Spec.—2-29-28—L. F. S.—500 Blks.

F 35615

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35615

CERTIFICATE OF DEATH

46-B

1—PLACE OF DEATH

REGISTERED NO. 16-

CITY OF BALTIMORE (No. 1510 N. Lafayette Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Priscilla Davis

(a) RESIDENCE NO. 1510 N. Lafayette Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced (or) WIFE of: Harrison Davis

6 DATE OF BIRTH (month, day, and year): 1883

7 AGE: Years 54 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: self

9 BIRTHPLACE (city or town) (State or country): Accomac Co Va

PARENTS

10 NAME OF FATHER: James Custis

11 BIRTHPLACE OF FATHER (city or town) (State or country): Accomac Co., Va.

12 MAIDEN NAME OF MOTHER: Marie Custis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): see 11

14 Informant: Bettie Davis

(Address): 1510 N Lafayette

15 Filed MAY 13 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15-37

17 I HEREBY CERTIFY, That I attended deceased from 5-6-37, 19, to 5-15-37, 19,

that I last saw h alive on, 19

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. M. Cardozo, M. D.

, 19 (Address) 524 S Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: May 16, 1937

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 322 N Schroeder St

35616 ✓ F 35616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (Ward) 17-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Wesley Lewis

(a) Residence: No. 707 Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13-1927

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H Lewis

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md

MOTHER

15. MAIDEN NAME Louise Meredith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John W Lewis

(Address) 707 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date May 18, 1937

19. UNDERTAKER Mrs Kate A Williams

(Address) 322 N Schroeder St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 37

22. I HEREBY CERTIFY, That I was in charge of the deceased during the last illness of the above, held an autopsy (Inquest, Autopsy or Inquiry) and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset May 13 1937

Other contributory causes of importance:

Was an operation performed? — For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/13, 1937

Where did injury occur? Russ Ave & Woodbrook

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (street)

Manner of injury Struck head out of moving Autobus & struck pole of window of bus.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo L. Allen, M. D.

(Address) 509 Lafayette St

V S 6

✓ F 35617

35617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 N Linwood Ave St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (John) Schiller Z. Battiger

If U. S. Veteran specify WAR None

(a) Residence: No. 728 N Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L Battiger

6. DATE OF BIRTH (month, day, year) Dec 18. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Suffolk Va

FATHER

13. NAME Joseph Battiger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emma L Battiger

(Address) 728 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date May 19. 1937

19. UNDERTAKER John Weick

(Address) 2000 Aisquith St

20. FILED May 19 1937 Christopher Hollinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 to 1937 to May 17 1937.

I last saw h alive on May 17, 1937. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Paralysis	10 yrs ago
Other contributory causes of importance: Cerebral Hemm.	7 days ago

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. H. Meyer M. D.

(Address) 1520 E. 33rd St.

P 0 1937

✓ F 35618

HEALTH DEPARTMENT—CITY OF BALTIMORE

35618

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME mrs. Annie Stevens.

(a) Residence: No. 2914 Montebello Ter. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Stevens

6. DATE OF BIRTH (month, day, year) Oct 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo H Cullum

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary J Whitley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Helen Ferrari

(Address) 2914 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date May 20 1937

19. UNDERTAKER John Ulrich

(Address) Govans

20. Filed ..... 19 ..... Registrar.

18 1937 Huntington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/11 1937 to 5/17 1937

I last saw h.. alive on 5/17 1937. Death is said to have occurred on the date stated above, at 3.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of sigmoid colon	Uncertain

Other contributory causes of importance:

Perforation of carcinoma of colon & generalized peritonitis	5/10?

Was an operation performed? yes Date of 5/11/37

For what disease or injury? Obstruction

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Opt. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) W. C. Dunnigan, M. D.

(Address) Mercy Hosp.

V S 3

35619 F 35619

35619
32907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-4 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Bedford

(a) Residence: No. 1817 Orleans St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/10/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Fowler.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mary Bedford

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL MAY 18 1937 19
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED ... 19 ... Registrar.

MAY 18 1937

$2.10

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-11-1937

22. I HEREBY CERTIFY, That I attended deceased from May-10-1937 to May-11-1937

I last saw him alive on May-11-1937. Death is said to have occurred on the date stated above, at 6 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	birth
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? at 1330 Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Shwachman, M. D.

(Address) Johns Hopkins Hosp.

V6 3

F 35620

35620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Sherwood Ave Ward) 6-5

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Bissell Dieter If U.S. Veteran specify WAR. No Record

(a) Residence: No. 1921 Sherwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Joseph Dieter

6. DATE OF BIRTH (month, day, year) Jan 18th 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Edgar Bissell

14. BIRTHPLACE (city or town) (State or country) Rockbury Conn

MOTHER

15. MAIDEN NAME Ruth Roberts

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

17. INFORMANT (Address) Ruth Bissell 1921 Sherwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Morland Park Date May 19th 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17 1937 to May 17 1937

I last saw her alive on May 16 1937 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N Bernaby M. D.

(Address) 1531 E North Ave

35621 E 35621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 25-2 Ward)

Length of residence in city or town where death occurred 41 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Barry J. Holmes (20127) If U. S. Veteran specify WAR .....

(a) Residence: No. 1019 Decoto Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 12, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Jeannette Taylor

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Cem Md Date May 19 1937

19. UNDERTAKER Mary M Woodall
(Address) [illegible]

20. FILED MAY 13 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937, to May 17, 1937

I last saw him alive on May 17, 1937 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	January 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

35622 F 35622

35622 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-1 Ward) Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Farell If U. S. Veteran specify WAR .....

(a) Residence: No. 927 China St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 12, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3 Hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Salto. Md (State or country)

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) NotKnown

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 18 1937 19
Department of Public

19. UNDERTAKER Per W. A. Moore
(Address)

20. FILED MAY 18 1937 Registrar

3212

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1937 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) R. H. Moore M. D.

(Address) 2757 W. North

F 35623

35623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Regnat

(a) Residence: No. 1200 Valley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Aloysius Regnat

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Walburga

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus Supr.

(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 19 1937

19. UNDERTAKER Rita Winkfield

(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar.

MAY 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 15th May. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1936 to May 15 1937

I last saw h... alive on ..... 19.37 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1	
Chr Endocarditis	?
Other contributory causes of importance:	
Hypertension	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Was there an autopsy? .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas. Carter M. D.

(Address) 1111 Eutaw Place

14

✓ F 35624

35624 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 S. Monroe St. St. 70-3 Ward)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary A. McGarvey

(a) Residence: No. 2 S. Monroe St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) May 20, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48 49		11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Trust Exchange

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James McGarvey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah McCrystal

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Sadie McGarvey

(Address) 2 S Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Interment Cathedral Cemetery May 19, 1937

19. UNDERTAKER Elmer W. Compton

(Address) 824 Eager St.

20. FILED MAY 19 1937 Clayton White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937, to May 16, 1937

I last saw her alive on May 16, 1937. Death is said to have occurred on the date stated above, at 11:45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	
Contributory cause of importance: Pneumothorax (req Lt) T.B.	3 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, ...

(Signed) Clyde Fellenbaum M. D.

(Address) 4 Y Fellenbaum

F 35625

35625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 N Aisquith St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter F. Hartman

(a) Residence: No. 2310 N Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Lillie Hartman

6. DATE OF BIRTH (month, day, year) Sept 29 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer for 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. D. Kenny Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Adam F Hartman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Florence E Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Adda F Fritz

(Address) 724 Lyndhurst St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date May 19 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED 19 Registrar.

MAY 18 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2 1937 to May 15 1937

I last saw h alive on May 15 1937 Death is said to have occurred on the date stated above at 5.15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Nephritis

over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Frahm M. D.

(Address) 1523 N. Wash. Ave.

F 35626 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35626

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., 1-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Szymon Lejk

(a) Residence: No. 837 S. Montford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna Lejk

6. DATE OF BIRTH (month, day, year) Nov. 10, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Lejk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Piorkowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Lejk
(Address) 837 S. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Rosary Date May 21, 1937

19. UNDERTAKER Fred W Rzepecki
(Address) 1930 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

MAY 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular sclerosis	

Other contributory causes of importance:
Acute Cardiac failure

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. M. Gregg M. D.
Coroner

(Address) 1010 S. Elwood Ave

35627 F 35627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 725 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Winsatein

(a) Residence: No. 1424 N. Franklin St ..... St., ... Ward. Philadelphia Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME M. Reuben ZEFF

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Philadelphia, Pa Date 5-19-37 19

19. UNDERTAKER Jacob Levin Inc
(Address) 1439 E. Baltimore St

20. FILED MAY 19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1937, to May 19, 1937.
I last saw h.er alive on May 19th, 1937. Death is said to have occurred on the date stated above, at 3.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exploratory Laparotomy (Post operative)	5/18/37
Pneumonia	

Other contributory causes of importance:
Exploratory Laparotomy (Post operative)

Was an operation performed? Yes Date of 5/18/37

For what disease or injury? Appendicitis

Name of operation Exploratory Lap.

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I. Norris Kerr, M. D.

(Address) Johns Hopkins Hospital

35628 F 35628

HEALTH DEPARTMENT—CITY OF BALTIMORE #23139

CERTIFICATE OF DEATH 34J.92-a SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ruth Handy

(a) Residence: No. 1030 Eutaw St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) 3/13/~~1899~~ 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~38~~ 49	~~38~~	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Addison Lomax

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rosa Hedgeman

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cedar Lawn Va May 18 37

19. UNDERTAKER Perrie O'Hearn

(Address) 818 Druid Hill Ave.

20. FILED ~~MAY 19 1937~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1937 to 5-17, 1937

I last saw her alive on 5-17, 1937. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency — Date of onset 18 mo

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, where?

(Signed) John F. Ramey M.D.

Address Baltimore City Hospitals

F 35629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

F 35629
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 753 Dolphin St. 17-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Turner

If U. S. Veteran specify WAR

(a) Residence: No. 753 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Turner

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benton Short

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Martin

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT James Turner
(Address) 753 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peter's Date May 19, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

Thurston Williams, MD

MAY 19 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence elicited by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 14 1937
Hypertension	

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Adams, M. D.

(Address) 507 Annapolis St

E 35630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35630

CERTIFICATE OF DEATH

Registered No. 193 - Bigg

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Our Penna R.R. Yard St., [illegible] Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Newman Colson — If U. S. Veteran specify WAR .....

(a) Residence: No. 30 N. Mount St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Col.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ..... Deceased

6. DATE OF BIRTH (month, day, year) April 7, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... No

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Newman

14. BIRTHPLACE (city or town) (State or country) Winchester Va.

MOTHER

15. MAIDEN NAME Evelyn Ruth Colson

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

17. INFORMANT Evelyn Colson (Address) 30 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Star Date May 19, 1937

19. UNDERTAKER Mrs Kate R. Williams (Address) 322 E. Lanvale St.

MAY 19 1937

H. Lester Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an ..... (Inquest, Autopsy or Inquiry) obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 3 p.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrocution	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 5/16 1937

Where did injury occur? Penna R.R. Yard, Lanvale St. and Jones Falls Viaduct
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Boy Climbing on R.R. car ladder

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otho Cross, Coroner M. D.

(Address) Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35631

CERTIFICATE OF DEATH

F 35631

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhorn Hospital St., 16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 9 mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shirley W. Pendleton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1720-D Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 30, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Pendleton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cate Calgary

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date May 20 1937

19. UNDERTAKER Mrs. Kate A. Washington

(Address) 322 S. Schroeder St.

20. FILED MAY 19 1937 [illegible], M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to May 16, 1937

I last saw he alive on May 16 1937. Death is said to have occurred on the date stated above, at 10 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	7 wks.
Tuberculous Meningitis	20 days
Other contributory causes of importance:	none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sidney Gelman M. D.

(Address) Lyderhorn Hospital

35632 F 35632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34-9-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 14-23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Sorell (16402)

If U. S. Veteran specify WAR

(a) Residence: No. 2229 Pennsylvania Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 5, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9 10	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Riddick Britt

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Margie Simmons

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 19 1937

19. UNDERTAKER Archibald A. Saddler
(Address) 2301 Pennsylvania Ave

Filed MAY 19 1937, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1936 to May 16, 1937

I last saw her alive on May 16, 1937 Death is said to have occurred on the date stated above, at 12 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs & Larynx	1936
Other contributory causes of importance:	over

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Dan H. Feldman M. D.

(Address) Baltimore City Hospitals

35633 F 35633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23570--CM

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign Birth? yrs. mon. da.

If U. S. Veteran specify WAR

2. FULL NAME Dorsey Green

(a) Residence: No. 1414 Retreat St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 2-27-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	73	14	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Fannie Dorsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date May 19 1937

19. UNDERTAKER Archibald R. Geddis
(Address) 2181 Pine Church St.

20. FILED 19
MAY 19 1937
Registrar Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-14-1937, to 5-16-1937

I last saw him alive on 5-16-1937 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 wk.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

35634 E 35634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4108 Amos Ave St., Ward) 28

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Wagner.

If U. S. Veteran specify WAR .....

(a) Residence: No. 4108 Amos Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Wagner.

6. DATE OF BIRTH (month, day, year) Jan 16 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME Andrew Semple.

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William H. Wagner.

(Address) 4108 Amos Ave

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date May 21, 1937

19. UNDERTAKER E. Arnold & Son.

(Address) 3615-17 Eutaw Ave.

20. FILED ..... 19 ..... Registrar .....

MAY 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8 1937 to May 18 1937

I last saw h[illegible] alive on May 18 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mell.	
Other contributory causes of importance: Uremia	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Sixth Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Vernon H. Carder M. D.

(Address) 1819 St Paul St.

27/85

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35635

CERTIFICATE OF DEATH

F 35635

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Flemming

If U. S. Veteran specify WAR

(a) Residence: No. 813 S St Spanish Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/12/87

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Dan Flemming

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Kate Randall

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Relatives -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mattaponi Va Date 5/20 1937

19. UNDERTAKER Sam'l M. Bliss & Son

(Address) 638 N. Eutaw

20. 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to May 16, 1937

I last saw him alive on May 16, 1937 Death is said to have occurred on the date stated above, at 6 11 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver with ascites	?
Other contributory causes of importance:	
—	

Was an operation performed? yes. Date of Apr. 23. 37

For what disease or injury? Exploratory laparotomy

Name of operation "

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? do If so, specify

(Signed) Lackie C. Penger, Med. M. D.

(Address) Johns Hopkins Hospital

F 35636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marian Jagodzynski — If U. S. Veteran specify WAR .....

(a) Residence: No. 802 Whitelock St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/29/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Ruthelus Jagodzynski

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Viola Kudinski

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date May 19 37

19. UNDERTAKER Fred W Orzewski
(Address) 1930 East Monument

20. FILED ..... 19 ..... Registrar.

MAY 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937 to May 17, 1937

I last saw her alive on May 16, 1937. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma	March 5
(b) Brain metastasis	May 14
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm C Stiles Jr. M. D.

(Address) Johns Hopkins Hospital

STEVENSON

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35637 — F 35637

Registered No. 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Walter Stevenson

(a) Residence: No. 901 E. St. Spamma St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Sept -

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55 -			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S - Car

FATHER

13. NAME Donald Stevenson

14. BIRTHPLACE (city or town) (State or country) S Car

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S - Car

17. INFORMANT Records - (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date May 19 1937

19. UNDERTAKER Edw Bergson (Address) 1211 E. Baltimore St.

19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr - 29, 1937, to May 16, 1937

I last saw him alive on May 16, 1937 Death is said to have occurred on the date stated above, at 5-15-P m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 4/25

Emphysema

Other contributory causes of importance: Thrombophlebitis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James H. Hovland M. D.

(Address) Johns Hopkins Hospital

F 35638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35638

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 554 Dolphin St. 17-B Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida M Hilton

If U. S. Veteran specify WAR

(a) Residence: No. 554 Dolphin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ROBERT A. HILTON

6. DATE OF BIRTH (month, day, year) MAY 15 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) HOPE HILL MD.

FATHER

13. NAME JAMES DIGGS

14. BIRTHPLACE (city or town) (State or country) HOPE HILL MD.

MOTHER

15. MAIDEN NAME SUSSANNA BROOKS

16. BIRTHPLACE (city or town) (State or country) HOPE HILL MD.

17. INFORMANT ROBERT A. HILTON

(Address) 554 DOLPHIN ST.

18. BURIAL, CREMATION, OR REMOVAL

Place Antietam Mem. Pk Date May 19th 1937

Mo. Res. H. Holland

19. UNDERTAKER Selena A. Holland

(Address) 1631 Druid Hill Ave.

MAY 19 1937

Huntington Williams, MD

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937, to May 16 1937

I last saw h.. alive on May 15 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 yrs.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

35639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 12-7 Ward)

Registered No. 84-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosco G. Cross Jr. If U. S. Veteran specify WAR

(a) Residence: No. 2438 Maryland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 9th 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Rosco G Cross Sr

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME Jessie Estabrook

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Rosco G. G. Cross Sr

(Address) 2438 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL Sherwood Cem Date 5/20 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

20. FILED ... 19...

MAY 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 17, 1937

I last saw h[illegible] alive on May 17, 1937. Death is said to have occurred on the date stated above, at 10:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Mastoiditis	5/12/37
Chronic Nephritis	5/12/37
Uremia & Coma	5/12/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/14/37

For what disease or injury? Mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles L. Lockhard M. D.

(Address) University Hospital, City.

Folio

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35640

CERTIFICATE OF DEATH

23 F 35640

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1012 Fawn St. 3-2 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Foltz

If U.S. Veteran specify WAR .....

(a) Residence: No. 1012 Fawn St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Sept 24 1920

7. AGE: Years 17. 16 | Months 9 7 | Days 23 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Leonard Foltz

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Margaret Geiger

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Jennie Geiger 1012 Fawn St.

18. BURIAL, CREMATION, OR REMOVAL

Place: [illegible] Date: May 20 1937

19. UNDERTAKER (Address): Wendell J. Burkert 1405 E. Baltimore St.

MAY 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 17 1937

22. I HEREBY CERTIFY, That I attended deceased from October 1 1936 to May 17 1937

I last saw h[illegible] alive on May 17 1937. Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 2 years

Other contributory causes of importance: None

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If [illegible]

(Signed) John L. Valentine M. D.

(Address) 1400 Druid Park Drive

HEALTH DEPARTMENT—CITY OF BALTIMORE

35641

CERTIFICATE OF DEATH

23285--B 35641

1. PLACE OF DEATH

Registered No. 6-1-46-B

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? 48 yrs. mos. ds.

2. FULL NAME Charles Kurzmiller

If U. S. Veteran specify WAR

(a) Residence: No. 403 N. Linwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Antonia

6. DATE OF BIRTH (month, day, year) 7-8-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9 10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ludwick Kurzmiller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Land

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 20 1937

19. UNDERTAKER Wendell Dodge
(Address) 1405 Light St

20. FILED MAY 19 1937 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-4 1937 to 5-16 1937

I last saw him alive on 5-16 1937 Death is said to have occurred on the date stated above, at 2:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with metastasis.	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Brannigan M. D.

(Address) Baltimore City Hosp.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

35642

CERTIFICATE OF DEATH

F 35642

151-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Baker (Richard Baker)

(a) Residence: No. 616 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 14, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Eleanor Marciniak

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mother
(Address) 616 S Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 5/19, 1937

19. UNDERTAKER William Fiaschowski
(Address) 618 Eastern Ave

20. FILED MAY 19 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to May 18, 1937

I last saw him alive on May 18, 1937 Death is said to have occurred on the date stated above, at 9-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	May 14
Other contributory causes of importance: Icterus neonatorum	May 15

Name of operation — Date of —

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. Fissel Jr. M. D.

(Address) Church Home & Infirmary

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

35643

CERTIFICATE OF DEATH

34 C F 35643

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 697 W. Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 24, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT University Hospital (Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cem Date 5/19/ 1937

19. UNDERTAKER Frances A. Hemsley (Address) 528 Biddle St

FILED MAY 19 1937 Clayton Hillman, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Syphilitic Aortitis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. H. Cochran, M. D.

(Address) 2757 N. Howard St

M. D. B 1268-9

644

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35644

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Roche

If U. S. Veteran specify WAR

(a) Residence: No. Doris Ave. Rosedale, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If ~~XXXXX~~ widowed, ~~XX XXXXXX~~ HUSBAND of (~~XXXXXXXX~~) Cecelia Roche.

6. DATE OF BIRTH (month, day, year) November 13, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Massachusetts.

FATHER

13. NAME James Roche.

14. BIRTHPLACE (city or town) (State or country) Massachusetts.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT James Riche. (son)
(Address) Doris Ave. Rosedale, Md.

18. BURIAL, CREMATION, OR REMOVAL Mont. Hill Mem. Date 5/20/37

19. UNDERTAKER Geo. A. Tarby & Son
(Address) Edelon & Fayette

Filed MAY 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 4-5-6 ribs	May. 14/37
Trauma of Spinal cord with Hemorrhage	
Coronary Sclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Hospital autopsy & inquest.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May. 14/37, 19

Where did injury occur? Phila Rd & Doris Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Rd

Manner of injury Automobile failed to stop at stop-light

Nature of Injury Stated Above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

5/18/37 Address 1017 S. Charles St.

✓ F 35645

35645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (803 Dallas St Sane)
CITY OF BALTIMORE: (No. near of 806 S. Bond St. 2-3 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Radziewicz

(a) Residence: No. 803 S. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katarzyna

6. DATE OF BIRTH (month, day, year) Nov. 6 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron foundry Soldier 60 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Katarzyna Radziewicz
(Address) 803 S. Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 21st 1937

19. UNDERTAKER George A. Weber
(Address) 705 S. Linwood

20. Filed 1937 Washington Hill Avenue, Baltimore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	
Chronic myocarditis	

Other contributory causes of importance:
Probably coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... Coroner, M. D.

(Address) 1010 S. Ellwood Ave

V 8 6

M. D. B 1268-9

✓ F 35646

35646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

Registered No. 23-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 W. West St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jesse A. Cavey.

(a) Residence: No. 33 W. West St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 27, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Beal R. Cavey.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

MOTHER

15. MAIDEN NAME Jennie Redmond.

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Margaret Beard. (sister)
(Address) 1303 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock Date May 20 193

19. UNDERTAKER C. Howard Egan
(Address) 1408 Pennsylvania Ave

MAY 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The prinripal cause of death and related causes of importance were as follows: | Date of onset

Coronary Thrombosis.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm M Reinhardt Coroner, M. D.

5/18/37 (Address) 1017 S. Charles St.

35647

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35647

CERTIFICATE OF DEATH

23506 JS.

Registered No. 107-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St. 23 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Matthew Kaminski
(a) Residence: No. 518 S. Wolfe St. St., Ward.
(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jannette

6. DATE OF BIRTH (month, day, year) 9-16-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Lawrence
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Augustina
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date May 22 1937

19. UNDERTAKER John M. Welch
(Address) 401 S. Chester St

20. FILED 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1937 to 5-18 1937
I last saw h.. (m) alive on 5-18 1937 Death is said to have occurred on the date stated above, at 4½ Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	10 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Laney M. D.
(Address) Baltimore City Hospitals

Dockendorf

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35648

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Dockendorf

If U. S. Veteran specify WAR

(a) Residence: No. Rosedale - Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Wilbur

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 48; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H-Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill -

FATHER

13. NAME Alvin Sleaby

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Louise Coplin

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Records - (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Hyattsville Md Date May 19, 37

19. UNDERTAKER J. Gascho Long (Address) Hyattsville Md

20. FILED ..... 19 ..... Registrar.

MAY 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937 to May 18, 1937

I last saw her alive on May 18, 1937. Death is said to have occurred on the date stated above, at 1:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (5-18-37)
Gastric Hemorrhage	
Pyelonephritis	5-10-37
Carcinoma of Uterus - Recurrent	1934
Diabetes Mellitus over	1934
Other contributory causes of importance: Cystitis, Pyelitis	5-1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James W. Hendon M. D.

(Address) Johns Hopkins Hospital

35649 F 35649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22745--EF 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Vey

(a) Residence: No. 624 N. Milton Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Frank Vey

6. DATE OF BIRTH (month, day, year) 12-1-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Walters

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Pittroff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Elmw Date May 22/37

19. UNDERTAKER John G. Miller
(Address) 2334 Jefferson St

20. FILED [illegible] Registrar.

MAY 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1937 to 5-18 1937

I last saw her alive on 5-18 1937 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4 days

Other contributory causes of importance:

Diabetes Mellitus — Date of onset unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

35650 35650

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N. Pacca St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Smith

(a) Residence: No. 631 N. Pacca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lizzie

6. DATE OF BIRTH (month, day, year) [illegible] 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Lizzie Corbin

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Mrs. Marie Smith
(Address) 631 N. Pacca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 5/20 37

19. UNDERTAKER Wm. H. Jackson & Son
(Address) 916 Penna Ave

20. Filed 19 Registrar.

MAY 19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 17, 1937

I last saw him alive on May 16, 1937. Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular Renal Disease	3yrs
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. S. McCard M. D.

(Address) 2029 Druid Hill Ave

F 35651

35651 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

160-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Volunteers of America Hosp St. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Girl Gavin

(a) Residence: No. 3101 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joseph M. Gavin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte M. Whitsel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph M. Gavin
(Address) 3101 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet Date May 20, 1937

19. UNDERTAKER E. Kemp Welch Son
(Address) 1615-17 Chestnut Ave

19 Registrar.

9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937 to May 19, 1937

I last saw her alive on May 19, 1937 Death is said to have occurred on the date stated above, at 7:10 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	5/16

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lenard M. Hummel M. D.

(Address) 418 W. Fayette St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35652 ✓ 35652

35652

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 962 N. Washington St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sabina Enderline

If U.S. Veteran specify WAR

(a) Residence: No. 962 N. Washington St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Enderline

6. DATE OF BIRTH (month, day, year) July 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Wechselberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kathrine Hilward

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs, Peter J. Hock

(Address) 40 N. Kreason St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery May 20, 1937

19. UNDERTAKER Geo. M. Fink & Son

(Address) 811 N. Wolfe St

20. FILED 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 17 th 193[illegible]

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937, to May 17th, 1937.

I last saw h[illegible] alive on May 17, 1937. Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-vascular disease	[illegible]
Other contributory causes of importance: Chronic Glomerulo nephritis	"

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St

✓ F 35653

35653

HEALTH DEPARTMENT—CITY OF BALTIMORE

133

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1371 N. Port St. 8-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Louis Owings

(a) Residence: No. 1371 N. Port St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21st 1935

7. AGE	Years	Months	Days	If LESS than 1 day. hrs. or min.
	1	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Robert Owings

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Mary Gladstone

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Robert Owings

(Address) 1371 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date 5/20/ 1937

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette ave.

19 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17. 1937. to May 18. 1937.

I last saw him alive on May 17. 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pyelitis	

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Irving L. Littman M. D.

(Address) 1304 E. Chase St.

35654 E 35654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3015 Evergreen Ave St 27 - E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth H. Bittner

If U. S. Veteran specify WAR .....

(a) Residence: No. 3015 Evergreen Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Bittner

6. DATE OF BIRTH (month, day, year) 11/27-1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT Elizabeth H Bittner

(Address) 3015 Evergreen

18. BURIAL, CREMATION, OR REMOVAL

Bethel May 19/37 Date 19

19. UNDERTAKER Leonard J. Rucker

(Address) 5305 Harford Rd.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8 1937, to May 17 1937

I last saw h alive on May 17 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	

Other contributory causes of importance:

Arteriosclerosis and Chronic Endocarditis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Leonard J. Rucker M. D.

(Address) 476 Harford Road

35655

E 35655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4618 Elsrode St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Kelly

If U. S. Veteran specify WAR .....

(a) Residence: No. 4618 Elsrode St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sauerwald Kelly

6. DATE OF BIRTH (month, day, year) 12-18-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary J. Kelly

(Address) 4618 Elsrode

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/20, 1937

19. UNDERTAKER Leonard J. Pugh

(Address) 6301 Harford Ave

FILED MAY 20 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5-1936 to 5-17-1937

I last saw him alive on 5-17-1937 Death is said to have occurred on the date stated above, at 4 30 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio-vasculo-renal disease — Unknown

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. B. Sylvester M. D.

(Address) 7802 Harford Ave

35656 F 35656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Shaughnessy (23487) If U. S. Veteran specify WAR No Record

(a) Residence: No. 710 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) May 8, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Shaughnessy

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Minardi

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 22nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 20 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to May 18, 1937

I last saw him alive on May 18, 1937 Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	April 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

35657 F 35657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward) 24 3

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Louis Shine

If U.S. Veteran specify WAR No Record

(a) Residence: No. Maryland Ave. & Woodward Drive St., ... Ward. Essex, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Wife of~~ Annie C. Shine

6. DATE OF BIRTH (month, day, year) May 26th 1906

7. AGE: Years 30 | Months 11 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roller - In Tin Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bath Steel Co.

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME August Shine

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Minnie Wachmuth

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Annie Shine Md. Woodward Ave Essex

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date May 22nd 1937

19. UNDERTAKER (Address) Wm Burk 217 St Paul St

20. FILED MAY 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1937 to 5/19, 1937

I last saw him alive on 5/19, 1937. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - postoperative - right lower lobe	5/19/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5/17/37

For what disease or injury? Tonsilitis; Chronically infected Tonsils & Adenoids

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis J. Krall, M. D.

(Address) South Balto. Gen Hosp.

F 35658

35658 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Bennett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1063 Hanford Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1927

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
10			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Robert Bennett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Zorbach

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 22 1937

19. UNDERTAKER Jos. F. Kernan Son
(Address) 1508 E. Lanvale

20. FILED ..... By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to May 19, 1937

I last saw him alive on May 19, 1937. Death is said to have occurred on the date stated above, at 11:53 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	May 15
Peritonitis	
Cardiac failure	

Other contributory causes of importance:

Was an operation performed? yes Date of May 15

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Davidson M. D.

(Address) University Hosp.

MAY 1937

23107 23 F 35659

35659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 76-9 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carroll Kinley

(a) Residence: No. 923 S. Bayliss St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie

6. DATE OF BIRTH (month, day, year) 10-24-1867 (?)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69 ?	69	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Pink

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Vinie

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation S. C. Date 5/22 37

19. UNDERTAKER Wallace A. Jackson

(Address) 716 Penna Ave

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-28-37 to 5-19-37

I last saw him alive on 5-19-37 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Bronchopneumonia (Primary)	3 days
b.	
c.	
d.	
Other contributory causes of importance: Arteriosclerotic Heart Dis.	Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kanney M.D.

(Address) Baltimore City Hospitals

35660

HEALTH DEPARTMENT—CITY OF BALTIMORE

35660

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 S. Fremont St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Tyler

If U. S. Veteran specify WAR

(a) Residence: No. 917 So Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Charles Tyler

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. County Md

FATHER

13. NAME Edward Pack

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Parker

(Address) 4910 Pamunkey Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mayo Cem Date 5/23 37

19. UNDERTAKER Wm A Jackson

(Address) 916 Penna Ave

20. FILED MAY 20 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19/37

22. I HEREBY CERTIFY, That I attended deceased from April 2 1937 to May 19 1937

I last saw her alive on May 19, 1937. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Uraemia

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Stumpkins M. D.

(Address) 501 St Paul

35661

HEALTH DEPARTMENT—CITY OF BALTIMORE

35661 E

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Eutaw Place) 3-3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August E. Warther

If U. S. Veteran specify WAR

(a) Residence: No. 2204 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Warther

6. DATE OF BIRTH (month, day, year) Dec 5th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Martin Warther.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Caroline Arndt.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Wilhelmina Warther

(Address) 2204 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

St Paul's Cem. Violetville Date 5-20 1937

19. UNDERTAKER Mrs Chas A. G. Rohde

(Address) 2327 Edmondson Ave

DATE RECEIVED MAY 20 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17th. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to May 17, 1937

I last saw h[illegible] alive on May 17, 1937 Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	5/10
Other contributory causes of importance: Myocarditis	1936-

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Spindler, M. D.

(Address) 2348 Eutaw Place

35662 E 35662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. 27-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY M. FLOYD

(a) Residence: No. 6000 Bellona Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas F. Floyd

6. DATE OF BIRTH (month, day, year) Jany 26. 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisianna

FATHER

13. NAME Madison Morrow

14. BIRTHPLACE (city or town) (State or country) Louisianna

MOTHER

15. MAIDEN NAME Elixabeth Kennon

16. BIRTHPLACE (city or town) (State or country) Louisianna

17. INFORMANT Mary F. Berry

(Address) 2117 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date May 21, 1937

19. UNDERTAKER John T. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED MAY 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 14 19 37 to May 19 19 37

I last saw h[illegible] alive on May 17 19 37. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1933

Other contributory causes of importance:

Senile Debility	5/16/37

Was an operation performed? No Date of

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2112 Maryland Ave.

35663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-F 35663

1. PLACE OF DEATH: St Agnes Hospital

CITY OF BALTIMORE: (No. Hilkens & Caton Av St. 20-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Mrs Emma Setherley

If U. S. Veteran specify WAR

(a) Residence: No. 2406 Hilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Setherley

6. DATE OF BIRTH (month, day, year): Jan. 28-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: William H. Tonkin

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Emma J. Hall

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mrs. John J. Setherley
(Address) 2253 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Date May 22 1937

19. UNDERTAKER: Geo. L. Schwat
(Address) 3101 Eutaw Ave

20. FILED MAY 20 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-19-37

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1937 to 5-19, 1937

I last saw her alive on 5-19-, 1937. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease	?
Other contributory causes of importance: Auricular fibrillation	?
Pulmonary oedema	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. A. Parr M. D.

(Address) St. Agnes Hospital

F 35664

M. D. B 1268-9

35664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital. St., 21-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James W. McMahon.

(a) Residence: No. 512 Scott St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If ~~married~~ widowed, ~~wife~~ HUSBAND of (or ~~WIFE~~ of) Do not know.

6. DATE OF BIRTH (month, day, year) July 25, 1876

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Polisher & Buffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James W. McMahon.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mildred McMahon. (daughter)
(Address) 512 Scott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 5/20/37

19. UNDERTAKER Charles P. Powell
(Address) 2427 Edmondson Ave

20. FILED 5/20 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the Skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 15/37, 19

Where did injury occur? Fayette & High Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Struck by Auto crossing St

Nature of injury Fracture of the Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Leuthauser M. D.
Coroner

5/18/37 (Address) 1017 S. Charles St.

35665 E 35665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Stafford

(a) Residence: No. 1918 West Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Norwood Stafford

6. DATE OF BIRTH (month, day, year) JAN. 10-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic at H

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Stephen A. Price

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

15. MAIDEN NAME Helen Wheeler

16. BIRTHPLACE (city or town) (State or country) Harford County Maryland

17. INFORMANT Mr. Norwood Stafford

(Address) 1918 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 22/37

19. UNDERTAKER F. B. Shipley & Son

(Address) 300 Eutaw Place

23 1937 Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27th 1937 to May 19th 1937

I last saw her alive on May 19th 1937 Death is said to have occurred on the date stated above, at 6:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyroid Crisis	5/19/37
Cardiac Failure	
Other contributory causes of importance: Diffuse goitre with Hyperthyroidism	Abt 1 yr

Was an operation performed? yes Date of May 18th 1937

For what disease or injury? Diffuse goitre with Hyperthyroidism

What test confirmed diagnosis? BMR Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Franklin McCauley, M. D.

(Address) Woman's Hospital

35666 ✓ F 35666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3037 Frederick Ave 20-6 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Fhoak

If U. S. Veteran specify WAR ✓

(a) Residence: No. 3037 Frederick Ave St., 20 Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Annie M. Fhoak

6. DATE OF BIRTH (month, day, year) Dec 21-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69 70	4	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME Chaspar Fhoak

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNK

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT Mr Norman P. Fhoak
(Address) 3037 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 20- 1937

19. UNDERTAKER J. B. Tippett & Son
(Address) 1300 Eutaw Place

20. FILED ..... 19 .....

MAY 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17- 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to May 17 1937

I last saw him alive on May 17 1937 Death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Hypertension	
Other contributory causes of importance:	
cardiac decompensation	3 mo

Was an operation performed? no Date of .....

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. T. Tippett M. D.

(Address) 3321 Fleet Ave

5667 F 35667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B #23505 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathew Saviskey or Matfey Saritzky

If U. S. Veteran specify WAR

(a) Residence: No. 36 S. High St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

40

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60?	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Lith.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross a.g.Co. Date May 21 1937

19. UNDERTAKER John Grebiancke & Sons 1423 E Baca St.

(Address)

20. FILED Huntington Williams, Md. MAY 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1937, to 5-18, 1937

I last saw him alive on 5-18, 1937 Death is said to have occurred on the date stated above, at 7.05 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 2 mos?

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hospitals

16

2

E 35668

35668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hos. Ward) 13-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Ann Kelly

(a) Residence: No. 1516 Traction St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) Jan 25 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Emma Wilkins

(Address) 1516 Traction Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 21 1937

19. UNDERTAKER J. M. Cook & Son

(Address) 1312 E Pratt St

May 20 1937 Huntington Williams Coroner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left Femur	

Other contributory causes of importance: Cardio vascular sclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury April 13 1937

Where did injury occur? Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury slipped on floor

Nature of injury Fractured left femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave

V S 8

35669 F 35669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

930

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2790 Alameda Blvd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Savannah A Johnston

If U.S. Veteran specify WAR ....

(a) Residence: No. 2790 Alameda Blvd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of David H Sr.

6. DATE OF BIRTH (month, day, year) Feb. 22-1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Benjamin Ellis

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Anna M. Russell

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT David H Johnston Sr.

(Address) 2790 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Park. Jan 21. 1937

19. UNDERTAKER William Cook

(Address) 217 St Paul St.

20 1937 Huntington Hilltown, Md. Registrar.

14

MEDICAL CERTIFICATE OF DEATH 2 03 PM

21. DATE OF DEATH (month, day, year) May 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25 1937 to May 19 1937

I last saw her alive on May 19 1937. Death is said to have occurred on the date stated above, at 2. N P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	Apl 1936
Other contributory causes of importance: Acute heart failure.	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm S Schmidt M. D.

(Address) 701 N. Fulwood Ave.

35670 E 35670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-5 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E. Housholder

If U. S. Veteran specify WAR No

(a) Residence: No. Walpert Apts, 1800 N. Charles St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva L. Housholder

6. DATE OF BIRTH (month, day, year) Jan. 7, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist 00 55

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr. Pfeiffer

10. Date deceased last worked at this occupation (month and year) May 10, 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Rev. Andrew E. Housholder

14. BIRTHPLACE (city or town) (State or country) Knoxville, Tenn

MOTHER

15. MAIDEN NAME Emma Ferguson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eva A. Housholder
(Address) Walpert Apt.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date May 23, 1937

19. UNDERTAKER Wilson Bros
(Address) 121 E. Centre St.

20. [illegible] 1937 Huntington Williams, M.D. Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyaluat infection of Mandibule's	
Tonsillectomy & adenoctomy	
Other contributory causes of importance: Operated Rt Eye & Ear May 17 yrs	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation Dr Mitchell Date of May 17

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether [illegible] in industry, in home, or in public place Union Memorial Hospital

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A Evans M. D.
Coroner

(Address) 612 N 40 St

35671 E 35671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md Gen Hosp St., 8-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Henry Meier (Meier) If U. S. Veteran specify WAR ...

(a) Residence: No. 2528 E Chase St. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Meier

6. DATE OF BIRTH (month, day, year) July 5-1886.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	50	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R. R.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Frederick Meier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha Weber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martha Meier
(Address) 2528 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 21 1937

19. UNDERTAKER George W. Zibler
(Address) 1737 E. Eager St.

20. ... 19... Registrar.

20 1937 E. E. Hillmann, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-13 31 19... to 5-18-37 19...

I last saw him alive on 5-18-37 19... Death is said to have occurred on the date stated above, at ... a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephro-Lithiasis.	
Pulmonary Embolism	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? Nephro-Lithiasis

Name of operation Nephrectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. P. Hatton M. D.

(Address) 711 Eutaw Pl.

35672

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35672

CERTIFICATE OF DEATH

X 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ?ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Edward Dyson

If U. S. Veteran specify WAR .....

(a) Residence: No. St. Marys County St., ... Ward. M.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Blk.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Dyson

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70 -			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm. 0040

10. Date deceased last worked at this occupation (month and year) March 1937

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) St Marys County

MOTHER FATHER

13. NAME Edward Dyson

14. BIRTHPLACE (city or town) (State or country) St Marys

15. MAIDEN NAME Jane Dolleren

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Josiah Reads

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Josephs Cem Date 5/21/37 19

19. UNDERTAKER W C McHenry

(Address) Leonardtown Md

20. FILED ..... 19 ..... Registrar.

MAY 23 1937 Huntingtown Williamsburg, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1937 to May 20, 1937

I last saw h... alive on May 20, 1937 Death is said to have occurred on the date stated above, at 6.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Caecum	6/1/36
Intestinal Obst.	4/12/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 19, 1937

For what disease or injury? Int. Obstruction

Name of operation Colostomy.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury.....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Grant Lund M. D.

(Address) Mercy Hospital.

F 35673

35673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Jail St. 17-3 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jesse Culver

(a) Residence: No. 808 Pine St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anundel Co. Md

FATHER

13. NAME David Culver

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Culver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louis Culver

(Address) 808 Pine St.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 5 21 37 19

19. UNDERTAKER Wm. H. Jackson

(Address) 1121 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state .....

(Signed) Chas K. Wallace M. D.

(Address) 106 St. Paul St

M. D. B 1268-9

F 35674

35674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Sun St. St. 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geraldine Watson. (c) If U. S. Veteran specify WAR

(a) Residence: No. 3215 Sun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 28, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Robert Watson. (c)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Pearl Baizemore (c)

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Pearl Watson. (c) mother
(Address) 3215 Sun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 20 1937

19. UNDERTAKER [illegible] Katzen & Shipley
(Address) 3 [illegible] Schroeder St

[illegible] Washington Boulevard, Baltimore, Md.

20. FILED 5/19/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto W. Reinhardt M. D.
Coroner

5/19/37 (Address) 1017 S. Charles St.

22299 EB ✓ F 35675

35675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St. 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Charles J. Smith (or Casimer Dziecickowicz)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1424 S. Charles St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hattie

DATE OF BIRTH (month, day, year) 11-26-1889

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
47	47	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date May 22 1937

19. UNDERTAKER A. Edward Evans
(Address) 1400 Eastern Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30-1937, to 5-19-1937

I last saw him alive on 5-19-1937 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	8 mos ?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Kanner M. D.

(Address) Baltimore City Hospital

E 35676

35676 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Curley St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Kane

(a) Residence: No. 720 S. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Kane

6. DATE OF BIRTH (month, day, year) Jan. 6, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Grocery

10. Date deceased last worked at this occupation (month and year) 0037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Michael Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Silk

(Address) 720 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 21 1937

19. UNDERTAKER Fred. A. Kramer & Son

(Address) 1216 S. Charles St.

21 1937 Washington Hillcrest, M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to May 18, 1937.

I last saw her alive on May 18, 1937. Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertensive Cardio-Vascular	2 mos.
Renal Disease	
Cardiac Decompensation	1 wk.

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank A. Virgilio M. D.

(Address) 213 S. Carlsbad St

35677 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 35677

CERTIFICATE OF DEATH

17179 —EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 26-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Matthew McGuire (McQuire)

If U. S. Veteran specify WAR .....

(a) Residence: No. 5000 O'Donnell St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-10-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John McGuire

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Forrester

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Place St Charles Cemetery Date May 21 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED MAY 20 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15- 1936 to 5-18 1937

I last saw him alive on 5-18 1937 Death is said to have occurred on the date stated above, at 9 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days.
Other contributory causes of importance: MANDIBLE	
Abscess of mandible & soft tissues of neck & pleura	2 yrs.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) W. McHoover, M. D.

(Address) Balt. City Hosp.

F 35678

B 25254
35678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 27-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Kemp

(a) Residence: No. 3327 Woodland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Florence

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Kemp

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda A. Kemp

16. BIRTHPLACE (city or town) (State or country) At Sea

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5/22 1937

19. UNDERTAKER Herman Lippman
(Address) 4611 Park Heights

D 1937 [illegible], Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1937 to May 18, 1937

I last saw h[illegible] alive on May 18, 1937. Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Pneumonia	
Tuberculosis left lung	1936

Other contributory causes of importance:

Was an operation performed? Yes Date of May 3, 1937

For what disease or injury? Hemorrhage Cerebral

Name of operation L. pneumothorax

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hosp

5679 ✓ F 35679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mondawmin.

CITY OF BALTIMORE: (No. Liberty Heights at Reisterstown Rd. 5-3 St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 60 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Michael Roache

(a) Residence: No. Mondawmin, Lib. Hgts. at Reisterstown Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Stafford Roache

6. DATE OF BIRTH (month, day, year) March 3, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Overseer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Estate 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER FATHER

13. NAME Thomas Roache

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Catherine Smith

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Mary Roache

(Address) Mondawmin, Lib. Hgts. at Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 5/21 1937

19. UNDERTAKER C. Vernon Lemmon

(Address) 4611 Park Heights.

MAY 21 1937 Huntington Williams, Sec'y

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/3 1935 to 5/18 1937

I last saw h. alive on 5/18 1937 Death is said to have occurred on the date stated above, at 11. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Arterial Hypertension c	
Chronic Myocarditis	
b Terminal Apoplexy	
Other contributory causes of importance	
Senility	
Hemolytic autointoxication	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Abbie H Crawford M. D.

(Address) 4709 Hudson Ave.

5680 ✓ F 35680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 839 N. Patterson Pk Ave St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Kriz (Kriss) If U. S. Veteran specify WAR

(a) Residence: No. 839 N. Patterson Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 17, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md

FATHER

13. NAME Charles Kriss

14. BIRTHPLACE (city or town) Bohemia (State or country)

MOTHER

15. MAIDEN NAME Betty Norkey

16. BIRTHPLACE (city or town) Bohemia (State or country)

17. INFORMANT Betty Kriz (Address) 839 Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 22 1937

19. UNDERTAKER Frankovich & Son (Address) 1901 Ashland Ave

20 1937 Huntington Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North ave.

F 35681

35681 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 736 N. Bouldin St. 26-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sebastian Zorn

(a) Residence: No. 736 N. Bouldin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Adeline Zorn.

6. DATE OF BIRTH (month, day, year) April 12-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	- 1	- 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0614

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Carl Zorn

14. BIRTHPLACE (city or town) (State or country) Otto Germany ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adeline Zorn (wife)
(Address) 736 N. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 5/21- 1937

19. UNDERTAKER Lilly & Zeller Inc.
(Address) 403 N. Wolfe St.

D 1937 Huntington Phillyman, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 -; 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 ..... 1937 to May 18 1937

I last saw him alive on May 18 ..... 1937 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Sigmoid	1936
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. E. Kupelmeister, M. D.

(Address) 2739 Eastern ave

F 35682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35682

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry Edward Nyman

(a) Residence: No. Chambersburg, Pa St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Lula Yeager Nyman

6. DATE OF BIRTH (month, day, year) Nov. 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

FATHER

13. NAME September O. Nyman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Keller

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Lula Y. Nyman

(Address) Chambersburg, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg Pa. Date 5/21/37

19. UNDERTAKER Holly H. Shuff

(Address) 4 to Cremation Hill

FILED Huntington Pennsylvania

MAY 27 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
0	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1714 E. North Ave.

35683 F 35683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr James Hussey

If U. S. Veteran specify WAR

(a) Residence: No. St. Mary's Seminary St., Roland Park

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Jan. 1 - 1913

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Haven Conn.

FATHER

13. NAME Dennis J Hussey

14. BIRTHPLACE (city or town) (State or country) Kingston, N. Y.

MOTHER

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (city or town) (State or country) New Haven, Conn.

17. INFORMANT Mrs. Mary Hussey

(Address) 138 Spring St. New Haven, Conn.

18. BURIAL, CREMATION, OR REMOVAL

Place New Haven Conn. Date May 21 1937

19. UNDERTAKER Henry W. Meagher

(Address) 805 N. Calvert St

MAY 21 1937 Filed Livingston Phillips, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/25 1937 to 5/20 1937

I last saw him alive on 5/20 1937 Death is said to have occurred on the date stated above, at 5:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic C.V. disease	
Rheumatic Polyarthritis	
Secondary bronchopneumonia	

Other contributory causes of importance:

Cardiac failure

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. March M. D.

(Address) Bon Secours Hosp

Via Pennsylvania Railroad - Escort Mr. Joseph Reynolds.

F 35684

35684 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5246 St Charles St 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U.S. Veteran specify WAR No Record

2. FULL NAME Eliza Ella Stinchecum

(a) Residence: No. 5246 St Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Clinton Stinchecum

DATE OF BIRTH (month, day, year) Nov 30-1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 0037 X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Richard Lee

14. BIRTHPLACE (city or town) (State or country) New Market Md.

15. MAIDEN NAME Julia McDonald

16. BIRTHPLACE (city or town) (State or country) New Market Md.

17. INFORMANT Wm. C. Stinchecum

(Address) 5246 St Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date 5/22 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

Date 5/21 1937 Signature [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 12-10 PM

21. DATE OF DEATH (month, day, year) May 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to May 19 1937

I last saw her alive on May 17 1937 Death is said to have occurred on the date stated above, at 12-12 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Cerebral Haemorrhage	1928
2nd Cerebral Haemorrhage	1/10/37

Other contributory causes of importance: Cardio-Vascular Renal Disease Duration

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Augustus P. Von Schrader M.D.

(Address) 1516 Linwood Ave

H. D. B 1268-9

F 35685

35685 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Division St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Lee Meredith

(a) Residence: No. 1622 - Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, ~~widowed, or divorced~~ (or) WIFE of: John A. Meredith

7. DATE OF BIRTH (month, day, year): ——— 1872

8. AGE: Years 65; Months —; Days —; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ellicott City md

13. NAME Father: Andrew Paul

14. BIRTHPLACE (city or town) (State or country): Ellicott City md

15. MAIDEN NAME Mother: Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country): Ellicott City md

17. INFORMANT: Havana Lee

(Address) 1622 division

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 5/22/37 19

19. UNDERTAKER: Thomas C. Kelly

(Address) 1302 Pennsylvania Ave

5-24 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.19.37 19

22. I HEREBY CERTIFY, That I attended deceased from 3.27.37 19 to 5.19.37 19

I last saw her alive on 5.18.37 19 Death is said to have occurred on the date stated above, at 9.05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardio-vascular disease	1934
Other contributory causes of importance:	

Name of operation none Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury —, 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) James M. Fair M. D.

(Address) 865 N. Lexington St

F 35686

Spec.—1-10-21—M&T—1500 Blks.

35686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Etting ST., 14-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Forrester.

(a) RESIDENCE NO. 1922 Etting ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored.

5 Single, Married, Widowed, or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Eugenia Forrester.

6 DATE OF BIRTH (month, day, and year): 1867

7 AGE: Years 70; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: John Forrester.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

14 Informant: Eugenia Forrester (Address) 1922 Etting St

15 Filed MAY 21 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18 1937

17

I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to May 18, 1937, that I last saw him alive on May 18, 1937, and that death occurred, on the date stated above, at 8 40 P. m.

The CAUSE OF DEATH* was as follows:

Chr. Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chr. Nephritis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) Geo. E. Shannon, M. D.

5/20 1937 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 5/22 1937

20 UNDERTAKER: Thomas E Kelson — ADDRESS: 1383 Pleasant St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35687

CERTIFICATE OF DEATH

✓93-E

F 35687

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bay View City Hospitals 5-1 ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2-5 N Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wash Johnson

6. DATE OF BIRTH (month, day, year) Sept 26-1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George County Md

FATHER

13. NAME Jerry (Negro)

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Butler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Theresa Lunde

(Address) 25 N Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 21 1937

19. UNDERTAKER Robert H. Gormley & Sons

(Address) 504 W. Caroline St.

MAY 21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

attended by said deceased from Feb 1937, and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Acute dilatation of heart.

Date of onset Feb 1937,

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) 504 N. Caroline St.

S 6

35688 E 35688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1624 E. Balto St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Beatrice Entner

(a) Residence: No. 1624 E. Balto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Max Entner

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Elana Radziter

14. BIRTHPLACE (city or town) (State or country) Poland

FATHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Isaac Entner

(Address) 1916 Ramsey st

18. BURIAL, CREMATION, OR REMOVAL 5-21-37

Greenlawn Date 19

19. UNDERTAKER Jos. Levin Inc.

(Address) 1439 E. Balto St

20. FILED 19 Registrar

U S A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20/37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Ahrendsen, M. D.

Coroner

(Address) 1912 E. North Ave.

35689

HEALTH DEPARTMENT—CITY OF BALTIMORE

35689

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas

If U. S. Veteran specify WAR

(a) Residence: No. 753 Dover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 23, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Atlanta Georgia

FATHER

13. NAME Frank L. Thomas

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Maud Hunter

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Spencer Harris

(Address) 212 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 22, 1937

19. UNDERTAKER James Astarita

(Address) 142 W Pratt St

20. FILED MAY 21 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937 to May 19, 1937

I last saw h.. alive on May 18, 1937. Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	5-15-37
Other contributory causes of importance:	
Hypertension - Malignant	2 yrs
Glomerular Nephritis - Acute	10 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Reid Lafeal Beers, M. D.

(Address) Mercy Hospital

5690 F 35690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 942

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 West Saratoga St., 8th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Zeb. Loyd

(a) Residence: No. 1119 West Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Beaufort South Carolina

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Washington Wilson

(Address) 1119 West Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAY 20 1937, 19

Commissioner of Health

19. UNDERTAKER Per M. A. Moore

(Address) Washington Boulevard

20. FILED MAY 21 1937 Registrar 3218

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from information obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Ford H. Scully, M. D. Coroner

(Address) 1934 Edmondson Ave

35691 F 35691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V127

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. North Balto. Gen Hosp St., 16-4 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs William O. Wiggins

If U.S. Veteran specify WAR .....

(a) Residence: No. 818 Appleton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha E. Wiggins,

7. DATE OF BIRTH (month, day, year) November 27. 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 605 M

10. Date deceased last worked at this occupation (month and year) May 7. 1937

11. Total time (years) spent in this occupation 38 Yrs

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME John Wiggins,

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Bertha E. Wiggins,

(Address) 818 Appleton St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date MAY 24 1937

19. UNDERTAKER Geo M. Little

(Address) 2700 Edmondson Ave.

20. FILED 21 1937 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-9-37. 19 . to 5-20-37. 19

I last saw him alive on 5-20-37., 19 . Death is said to have occurred on the date stated above, at 2:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due to intestinal obstruction (partial)	5-16-37
Other contributory causes of importance: - Cholelithiasis - Chronic nephritis - Internal hemorrhoids	

Was an operation performed? yes Date of 5-10-37

For what disease or injury? Cholecystostomy - Appendectomy Hemorrhoidectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton Levin M. D.

(Address) WB & A

5692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35692

CERTIFICATE OF DEATH

1953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella Nora Adler

If U. S. Veteran specify WAR

(a) Residence: No. 2453 Bradley St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Aaron Adler

6. DATE OF BIRTH (month, day, year) Sept 24 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	226	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Meyers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Eastman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Aaron Adler

(Address) 3030 Rosalind Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Park Date May 22, 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Ocean St

20. FILED MAY 21 1937 Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/18/37 . 19 . to 5/19/37 . 19

I last saw h[illegible] alive on 5/19/37 . 19 . Death is said to have occurred on the date stated above, at 6[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic C-V disease	
Myocardial failure.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Isaiah A. Hunt . M. D.

(Address) Md. Gen. Hosp.

35693 E 35693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(CITY OF BALTIMORE: (No.) 5001 Roland Avenue St., 27-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY CONSTANCE FRITZ

If U. S. Veteran specify WAR

(a) Residence: No. 5001 Roland Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Apr. 2, 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William P. Fritz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Julia Harding

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Mrs. Julia A. Fritz

(Address) 5001 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 22 1937

19. UNDERTAKER Chas. H. Evans Hon

(Address) 1728 Eutaw Pl

FILED MAY 21 1937 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1936, to May 19, 1937

I last saw him alive, on May 18, 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins	
Disease	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 5/19/37 If so, specify No

(Signed) E. E. Magee M. D.

(Address) Blue Mountain

Huntington Wilson, MD

35694 E 35694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Lyndhurst Ave St., 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 30 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Wm Mayer

(a) Residence: No. 2103 Lyndhurst Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Amelia M. Mayer

6. DATE OF BIRTH (month, day, year): Jan. 28 1876

7. AGE — Years: 61 Months: 3 Days: 30 2/3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Police Officer 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jacob Mayer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Haban

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Amelia M. Mayer 2103 Lyndhurst Ave

18. BURIAL, CREMATION, or REMOVAL: Place Loudon Park Date May 22 1937 5/7/38

19. UNDERTAKER (Address): Chas. E. Franck 502 Madison Ave

20. Filed 21 1937 19 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May - 20 1937

22. I HEREBY CERTIFY, That I attended deceased from July - 1933 19 to May 20 1937

I last saw him alive on May - 18 1937 Death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes with arteriosclerosis and myocardial insufficiency	1933
Bronchopneumonia	1934
and failure	1937

Other contributory causes of importance:

Was an operation performed? Yes. Date of Nov - 1934

For what disease or injury? Gangrene 2 toes

Name of operating physician? Thigh amputation Date of Nov-34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? ND (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ND If so, how?

(Signed) J Wesley Cole M. D.

(Address) 2707 Kenwood

695 Mattie Smith F 35695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Smith (Thompson) If U. S. Veteran specify WAR

(a) Residence: No. 945 Ethings St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 13 1893

7. AGE: Years 44 | Months 2 | Days 5 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Jonah Thompson

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Thompson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Minnie Thompson

(Address) 643 Mosher st.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery May 22 1937

19. UNDERTAKER Adolphus Talbot

(Address) 645 Edmondson Ave.

20. FILED May 21 1937 Lexington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937, to May 18, 1937

I last saw her alive on May 18, 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Pan Carditis — Date of onset May 11, 1931

c Pericardial Effusion

Other contributory causes of importance:

Acute Congestive Heart Failure

Pulmonary Edema Acute

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schwartz, M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35696 — CERTIFICATE OF DEATH — 94B — F 35696

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 24 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME Antonio Licato

(a) Residence: No. 1041 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Teresa Licato

6. DATE OF BIRTH (month, day, year): Feb. 14 1891

7. AGE: Years 46; Months 3; Days 5; If LESS than 1 day, hrs. or min. ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor Shop 0080

10. Date deceased last worked at this occupation, month and year: May 16

11. Total time (years) spent in this occupation: 1937

12. BIRTHPLACE (city or town) (State or country): Trapani ~~Italy~~

FATHER

13. NAME: Simone Licato

14. BIRTHPLACE (city or town) (State or country): Trapani Italy

MOTHER

15. MAIDEN NAME: Rosina Spagnoletti

16. BIRTHPLACE (city or town) (State or country): Trapani Italy

17. INFORMANT: Teresa Licato (Wife)

(Address): 1041 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. May 22, 1937

19. UNDERTAKER: Frank Della Rocca

(Address): 52 N. Morley St

MAY 21 1937 Huntington Williams Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/19/37, 19

22. I HEREBY CERTIFY, That I last observed the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

5697 F 35697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23480 131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 11-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Quickley

(a) Residence: No. 130 W. Read St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 4-20-1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Oliver Smith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Quickley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Reatreon 5-21st 37

19. UNDERTAKER Byron & Magnus H. Wright

(Address) 1218 McCulloh St

20. FILED MAY 21 1937 R. E. [illegible] Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1937 to 5-18 1937

I last saw him alive on 5-18 1937 Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	Unk
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Raney M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35698

CERTIFICATE OF DEATH

19594—F F 35698

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 13-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amanda Shue (Shoe)

If U. S. Veteran specify WAR .....

(a) Residence: No. 3827 Sweet Air St., Hampden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Shue

6. DATE OF BIRTH (month, day, year) 1-17-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Benjamin Watts

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Permelia Corne

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Manchester Md Date 5-21-37

19. UNDERTAKER Carrie E Davis

(Address) 341 E chestnut ave Westminster Md

Registrar.

21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-18, 1936, to 5-18, 1937

I last saw h.e alive on 5-18, 1937. Death is said to have occurred on the date stated above, at 9.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	4 yrs
Other contributory causes of importance:	over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore city Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

35699

CERTIFICATE OF DEATH

118

35699

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 682 Josephine St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonard Baker

If U.S. Veteran specify WAR .....

(a) Residence: No. 682 Josephine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Nov. 3, 1912

8. AGE — Years: 25 | Months: 1 | Days: 16 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: C Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Factory

10. Date deceased last worked at this occupation (month and year): 5/37

11. Total time (years) spent in this occupation: 6 mo

12. BIRTHPLACE (city or town) (State or country): S C

13. NAME: Ezbel Baker

14. BIRTHPLACE (city or town) (State or country): S C

15. MAIDEN NAME: Emma Potts

16. BIRTHPLACE (city or town) (State or country): S C

17. INFORMANT: Rose Lee Nicholson

(Address) 315 Osmond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Florence S.C. Date 5/22, 1937

19. UNDERTAKER: Frances A Hemsley

(Address) 578 W. Biddle St.

1937 R. Lupton Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to May 19, 1937

I last saw h[illegible] alive on May 19, 1937 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Act. Cardiac Dilatation	2 hrs.
Other contributory causes of importance: Act. Indigestion	May 17

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George McDonald, M. D.

(Address) 844 N. Carey

35700 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35700

CERTIFICATE OF DEATH

59 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Rev. Henry W. McLaughlin S. J. If U. S. Veteran specify WAR .....

(a) Residence: No. Loyola High School St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 13th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest 18

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Laurence McLaughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Dolan

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodstock, Md. Date 5/22 1937

19. UNDERTAKER Henry W. Mears & Son
(Address) 805 N. Calvert St.

20. FILED ..... 19..... Registrar

MAY 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11th 1937 to May 19th 1937

I last saw h.. alive on May 19th 1937. Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 wk.
Diabetes	?
Impecunitis	?

Other contributory causes of importance: Terminal Bronchopneumonia 2 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Daniel L. Roberts M. D.

(Address) Mercy Hospital

F 35701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35701

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Boalto Gen Hosp St. 22-1958 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr Arthur Cornell

If U.S. Veteran specify WAR ....

(a) Residence: No. 122 E. Montgomery St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Cornell

7. DATE OF BIRTH (month, day, year) May 5, 1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belgium

13. NAME Emil Cornell

14. BIRTHPLACE (city or town) (State or country) Belgium

15. MAIDEN NAME Mary Dubois

16. BIRTHPLACE (city or town) (State or country) Belgium

17. INFORMANT Mrs. Joe Cornell

(Address) 122 E. Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Hospital Rd. Date 5/22 1937

19. UNDERTAKER Richard F. Curley F. D. Inc.

(Address) 1341 Gorsuch ave

21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19th-37 19

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1937, to May 19th-37 19

I last saw h[illegible] alive on May 19, 1937. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Generalized Arteriosclerosis	

Other contributory causes of importance:

Terminal Hypostatic Bronchio-Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify whether injury occurred in industry, in home, or in public place ..... (Specify city or town, county, and State)

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Nathan Wolf M. D.

(Address) South Boalto Gen Hosp

F 35702

35702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23375--EF

1. PLACE OF DEATH

Registered No. 129

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 522 N. Bruce Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucille Wilson

7. DATE OF BIRTH (month, day, year) 7-28-1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Frances ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 22, 1937

19. UNDERTAKER Mrs Katie R Wellington
(Address) 322 N Schroeder St

20. FILED MAY 21 1937 Registrar. Washington Williamson, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1937, to 5-18, 1937

I last saw him alive on 5-16, 1937 Death is said to have occurred on the date stated above, at 9.58 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	3 wks.
Cause unknown	

Other contributory causes of importance:

Was an operation performed? yes Date of 5-6-37

For what disease or injury? same

Name of operation Drainage of abdomen

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. Hoover, M. D.

(Address) Balt. City Hosp.

O.K. Paul Ahrendt, M. D. (May 9 - 37)

HEALTH DEPARTMENT—CITY OF BALTIMORE

35703 F 35703

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N Linwood Ave Ward) 1816-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Barbara Lachman

If U.S Veteran specify WAR ....

(a) Residence: No. 225 N. Linwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of August

DATE OF BIRTH (month, day, year) Feb 20 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (1937)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Lachman

(Address) 225 N Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL Moreland Memorial Date May 22 1937

19. UNDERTAKER Martin W. E. Dippel

(Address) 37 S. Amity St.

MAY 21 1937 H. Eugene Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from May. 9th 1937 to May. 19th. 1937

I last saw h[illegible] alive on May 19th 1937 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Concussion of brain

Date of onset

Other contributory causes of importance: Fall backwards down 2 flights in home

Was an operation performed? none Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ Date of injury 5. 9 - 1937

Where did injury occur? May. 9th. 1937. Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell. backwards down stairway in her home

Manner of injury .....

Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Thos. H. Magruder M. D.

(Signed)

(Address) 14. E Read St

5704

✓ F 35704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3318 Tate St St. 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irene Sam

(a) Residence: No. 3318 Tate St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Moses Sam

DATE OF BIRTH (month, day, year) March 1, 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sharsburg Ga.

13. NAME OF FATHER Thomas Carmichael

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME OF MOTHER Beulah Williams

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Millie Simmons (Sister)
(Address) 1421 McDaniel an Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date May 21 1937

19. UNDERTAKER Robert T Wilkins
(Address) 15-15 McElderry St

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3rd 1937, to May 17 1937

I last saw her alive on May 17 1937. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility due to Myocarditis Cellulitis & burn	1/1/37
Other contributory causes of importance	
Cardiac failure	

Was an operation performed? X Date of X

For what disease or injury? X

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Hutchinson M. D.

(Address) 1340 Druid Park Dr

Spec.—1-12-23—M&T—500 Bks.

F 35705

HEALTH DEPARTMENT—CITY OF BALTIMORE

35705

CERTIFICATE OF DEATH.

11-B

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 33 (E Fals ST. 25-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant Vaughan

(a) RESIDENCE No. 33 E Fals ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10/15/1936

7 AGE: Years | Months: 7 | Days: 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1937

17

I HEREBY CERTIFY, That I attended deceased from May 17 1937, to May 20 1937, that I last saw him alive on May 19 1937, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. J. Calhoun, M. D.

1937 (Address) 2037 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant (Address) Frederick Vaughan (Father) 2318 Fate St

15 Filed MAY 21 1937 Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] Cemetery

DATE OF BURIAL May 22 1937

18 UNDERTAKER Robert W. Williams

ADDRESS 1516 McElderry

35706 E 35706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 23411--EF 6-5 23 Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

2. FULL NAME Joseph Roderick If U. S. Veteran specify WAR

(a) Residence: No. 1617 Mullikin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) 10-25-~~1878~~ 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 ~~64~~	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portugese Colony

13. NAME Joakun Roderick

14. BIRTHPLACE (city or town) (State or country) Portugese Colony

15. MAIDEN NAME Anagenaeca

16. BIRTHPLACE (city or town) (State or country) Portugese Colony

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date May 21 19 37

19. UNDERTAKER Elroy D Wilson
(Address) 1005 Brantley Ave

FILED 19 Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 19 37 to 5-18, 19 37

I last saw him alive on 5-18, 19 37 Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F Rainey M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35707

CERTIFICATE OF DEATH

93 F 35707

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Angeli

If U. S. Veteran specify WAR

(a) Residence: No. 2942 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 11 1862

7. AGE: Years 75; Months —; Days 9; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stonemason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1875

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ronaldo Tadino Italy

13. NAME — Unknown

14. BIRTHPLACE (city or town) (State or country): Ronaldo Tadino Italy

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ronaldo Tadino Italy

17. INFORMANT: Dr. Ph. Cortigiani

(Address): 2942 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: May 22 1937

19. UNDERTAKER: Frank V. Lepitone

(Address): 2518 E. Baltimore St.

MAY 1 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to May 20, 1937

I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular disease.	?
Chronic Myocarditis & Congestive heart disease	?
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) George P. Brouillet M. D.

(Address) St. Joseph's Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

35708 F 35708

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor 92a (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 N Valley St., 10-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sylvester Ruth

(a) Residence: No. 1200 Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) Apr 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Jacob Ruth

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME Mary E Phillips

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Sister Stanislas, Supt.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 24, 1937

19. UNDERTAKER Lilly & Zeiler
(Address) 40 S Mott

MAY 21 1937 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to May 20, 1937

I last saw h[redacted] alive on May 16, 1937. Death is said to have occurred on the date stated above, at 12:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
	?

Other contributory causes of importance:
Hypertension
Uremic Poisoning

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Autop. No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. M. C. Baker M. D.

(Address) 1114 Harlem

35709 E 35709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1720 Harford Ave St. 9-9 Ward)
Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frieda E. Kobsa
If U.S. Veteran specify WAR .....

(a) Residence: No. 1720 Harford Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph F. Kobsa

DATE OF BIRTH (month, day, year) Mar 8. 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2.	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Holtz

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph F. Kobsa
(Address) 1720 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 22. 1937

19. UNDERTAKER Mrs. Jno. John H. Geipel & Son
(Address) 501 N. Fayette st.

FILED 19 Registrar
2: 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/3/37. 19.. to 5/19/37. 19.....
I last saw h[illegible] alive on V/19. 19.37. Death is said to have occurred on the date stated above, at 7.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Vascular renal disease	?
Cardiac Decompensation	5/19/37
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ..... Date of .....
For what disease or injury? .....
What test confirmed diagnosis? K. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph S. Blum, M. D.
(Address) 1206 E. Preston

E 35710

35710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rayner Ave + Dukeland St., ... Ward 17

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? 35 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Antonette Pascucci — If U.S. Veteran specify WAR .....

(a) Residence: No. 4823 Park Heights Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Theodore

DATE OF BIRTH (month, day, year) July 12 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME OF FATHER Salvatore Sorrecelli

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME OF MOTHER Nyksoni

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Luciano Pascucci

(Address) 4823 Park Heights Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 24 1937

UNDERTAKER Martin W. E. Deppel

(Address) 37 S. Amer St.

FILED Huntington Williams, M.D.

MAY 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1937, to May 20th, 1937

I last saw her alive on May 20 1937. Death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	1935?
Coronary thrombosis	5-15-37
Cardiac decompensation	5-15-37
Other contributory causes of importance: Diabetes mellitus	1935?

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Milton Levin, M. D.

(Address) WBGH.

35711 E 35711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-2 34-94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 876 Mc Kean St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Carter

(a) Residence: No. 876 Mc Kean St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Divorced

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 24-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jefferson Carter

14. BIRTHPLACE (City or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Birdie Anderson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Julia Ward

(Address) 903 N Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 5/22 1937

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

20. FILED Huntington Pittsburgh, Pa

S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 15 1937
Acute Gastritis	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. J. Allen M. D.

(Address) 50 Aisquith St

E 35712

35712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. Marine Hospital, Balto. Md. Registered No. 13-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War

2. FULL NAME George M. Bowersox

(a) Residence: No. 1228 W. 37th St., Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Sorensin

7. DATE OF BIRTH (month, day, year) Feb. 24, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA Project 578

10. Date deceased last worked at this occupation (month and year) 4-14-37

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

13. NAME Frank J. Bowersox

14. BIRTHPLACE (city or town) Harford Co. (State or country) Md.

15. MAIDEN NAME Elizabeth R. Stevens

16. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Park Date May 22 1937

19. UNDERTAKER Roger F. Burgee (Address) 3631 Falls Road

20. FILED ..... 19..... Registrar

21 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937 to May 20, 1937

I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 12:04 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	unknown
Shock, pleural	5-20-37

Other contributory causes of importance:

Was an operation performed? Yes Date of May 4-6-8-11-13-18 & 20, 1937

For what disease or injury? Tuberculosis, chronic

Name of operation Artificial pneumothorax

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. M. V. [illegible] M. D.

(Address) U. S. Marine Hospital, Balto. Md.

F 35713

35713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Dulaney Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yr — mos — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John T. Durham Jr.

(a) Residence: No. 1613 Dulaney Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

13. NAME John Thomas Durham

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary E. Leach

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Mary E. Durham

(Address) 1613 Dulaney Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Md. May 22 1937

19. UNDERTAKER Horace A. Burgee

(Address) 3621 Gatto Road

FILED 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1935 to May 19 1937

I last saw him alive on May 19 1937 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Gall Bladder	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 1935

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. W. Donluce M. D.

(Address) 1400 South Rd.

35714

F 35714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Harlem Ave St., 16-8 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa A. Hare

(a) Residence: No. 3809 Harlem Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Hare

6. DATE OF BIRTH (month, day, year) 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Sheridan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Merle F. Butler

(Address) 3809 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cemy Date May 22, 1937

19. UNDERTAKER Harry A. Kutzke

(Address) 4101 Edmondson Ave.

20. Filed 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20/37

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to May 20, 1937

I last saw her alive on May 19, 1937. Death is said to have occurred on the date stated above, at 3a m. May 20-37

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-4-37
Hernia Inguinal Rt - Incarcerated	5-16-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If specify

(Signed) H. R. Johnson M. D.

(Address) Med Arts Bg.

Rec.—2-29-28—L. F. S.—500 Bks.

F 35715

35715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 1265

1—PLACE OF DEATH Franklin Sq. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2—FULL NAME Robert A. Nazarenus

(a) RESIDENCE NO. 506 S. Smallwood St ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 2, 1934.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	3	15 17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Robert T. Nazarenus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Ruth Lloyd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Mr. Robert T. Nazarenus

(Address) 506 S. Smallwood St.

Filed 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/19/37

17 I HEREBY CERTIFY, That I attended deceased from 5/14/, 1937, to 5/19/, 1937,

that I last saw him alive on 5/19/, 1937

and that death occurred, on the date stated above, at 9:35 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY —
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? X-Ray

(Signed) A. J. Battaglini, M. D.

5/19, 1937 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL May 22, 1937.

20 UNDERTAKER Harry A. Curtis

ADDRESS 4101 Edmondson Ave.

Spec. 1-10-21 M&T 1500 Blks.

35716

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35716

156-B

CERTIFICATE OF DEATH.

1-PLACE OF DEATH James Lawrence Kernan Hospital REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Windsor Mill Rd. & Forest Park Ave. (WARD) 1-2

2-FULL NAME George Miller

(a) RESIDENCE No. 136 S. Curley ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of None

6 DATE OF BIRTH (month, day, and year) Sept 20 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	10	7	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER William F. Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ella Fennerty

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant ..... (Address) .....

15 Filed ..... 1937 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1937

17 I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1937, to May 20, 1937, that I last saw h~~e~~live on May 20, 1937, and that death occurred, on the date stated above, at 4:15 P m.

The CAUSE OF DEATH* was as follows:

Operative Shock. To Respiratory Center, and probably Embolus. Died on operating table

(duration) ..... yrs ..... mos ..... ds.

CONTRIBUTORY (Secondary) None (duration) ..... yrs 1 mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? Yes Date of May 20, 1937

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) L. W. Barker, M. D.

, 19 (Address) Kernan Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem. DATE OF BURIAL May 24 1937

20 UNDERTAKER Henry Sauer & Sons Inc. ADDRESS Baltimore St & Broadway

E 35717

35717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bet. City Hos. St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Knight 26-12

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: about 50 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL: MAY 21 1937
Place UNIVERSITY MEDICAL SCHOOL Date of Death 19
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	

Other contributory causes of importance:

Acute Cardiac failure	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright Coroner M. D.

(Address) 1010 S. Eliot Ave.

3222

35718

HEALTH DEPARTMENT—CITY OF BALTIMORE

35718

CERTIFICATE OF DEATH

4-82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Universal Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Clark

If U. S. Veteran specify WAR

(a) Residence: No. Columbia Howard Co St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker

10. Date deceased last worked at this occupation (month and year) 5/19/37

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dorsey M. Wellington

(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns City Date May 24, 1937

19. UNDERTAKER Easton Sons

(Address) Ellicott City

21 1937 Easton Sons

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) February 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937 to May 20, 1937

I last saw him alive on May 19, 1937 Death is said to have occurred on the date stated above, at 8:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schonfeld M. D.

(Address) University Hospital

719

E 35719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 4-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Alvey

If U. S. Veteran specify WAR ...

(a) Residence: No. 11 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim agent 1903

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ry - Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME OF FATHER Thomas Frederick Alvey

14. BIRTHPLACE (city or town) (State or country) Hagerstown Washington

15. MAIDEN NAME OF MOTHER Emma Ridgely McSherry

16. BIRTHPLACE (city or town) (State or country) Frederick Frederick

17. INFORMANT James Alvey (Address) Emmitsburg

18. BURIAL, CREMATION, OR REMOVAL St Johns Cemetery Frederick May 24 1937

19. UNDERTAKER C. Flora Tyler (Address) 56 E. 2nd St Frederick Md.

20. FILED MAY 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19 1937 to May 21 1937

I last saw h... alive on May 21, 1937 Death is said to have occurred on the date stated above, at 6 15/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	5-17-37
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) George N. Brouillet M. D.

(Address) St Joseph's Hospital

E 35720

HEALTH DEPARTMENT—CITY OF BALTIMORE

35720

CERTIFICATE OF DEATH

21984--EF 82-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Hickey

(a) Residence: No. 748 Pennsylvania Ave. Ward:

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-31-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME James Hickey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 5/24 1937

19. UNDERTAKER Edward Loulson

(Address) 2537 West Nbld

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1937 to 5-20 1937

I last saw h.i.m. alive on 5-20 1937 Death is said to have occurred on the date stated above, at 6.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (Non-luetic)	[illegible]

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

F 1937 Call H. Du. De Sautel

M. D. B 1268-9

F 35721

35721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 181

Registered No. 244-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Berth.(c) Richardson.(c)

(a) Residence: No. Marley, A. A. Co. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced (or) WIFE of Charles.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	-----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

FATHER

13. NAME John Cole.(c)

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Bessie Garner.(c)daughter

(Address) 54 W. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary - Date May 22 1937

19. UNDERTAKER Walter B Spriggs

(Address) 1320 Hanking St

20. FILED 22 1937 Registered No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by inquiry (Inquest, Autopsy or Inquiry) find that said deceased came

her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

1st, 2nd, & 3rd degree burns of face and body. 5/17/37

Clothibg caught fire from Oil stove.

Accidental death.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 5/17/37 19...

Where did injury occur? Marley A. A. Co. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Fire from an Oil Stove.

Nature of injury Burns.

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm. H. Steinhart M. D.
Coroner

5/20/37 Address 1017 S. Charles St.

35722

F 35722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2635 Barclay St. (St.) 17-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Mc Hawkins

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2635 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Mc Hawkins

DATE OF BIRTH (month, day, year) Oct 29, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year) 4/27/37

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Mountain City Tenn

13. NAME Alfred McQueen

14. BIRTHPLACE (city or town) (State or country) Tenn

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Effie K. Barnes

(Address) 2635 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bristol Tenn Date May 22nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED May 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17 1937 to May 20 1937

I last saw h[illegible] alive on May 19th 1937 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio Sclerosis	5 years
Other contributory causes of importance:	
Apoplexy	6 weeks

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. G. Shaw M. D.

(Address) 516 Cathedral St.

35723 F 35723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 37-15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Arden Rd St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Watkins If U. S. Veteran specify WAR. No Record

(a) Residence: No. 2208 Arden Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Watkins

6. DATE OF BIRTH (month, day, year): Sept 4th 1886

7. AGE: Years 50. Months 8 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Agent of Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Whse. [illegible]

10. Date deceased last worked at this occupation (month and year): May 20 37

11. Total time (years) spent in this occupation: 32

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Louis Watkins

14. BIRTHPLACE (city or town) (State or country): Balt. Md

MOTHER

15. MAIDEN NAME: Harriett J. Strong

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Bessie Latham

(Address) 2407 Kenwick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 22nd 1937

19. UNDERTAKER: Wm Cook

(Address) 127 St Paul St

FILED MAY 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance: Extra Erection

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What that confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Evans, M. D. Coroner

(Address) 612 N 40 St.

Heusi

F. D. B. 1268-9

35724

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35724

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH 1631 E. 31 st St. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-6 Ward) Registered No. .....

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Heusi No War Record

(a) Residence: No. 1631 E. 31 st St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widower

6. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Catherine Heusi

7. DATE OF BIRTH (month, day, year) Oct. 21, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Sun

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Florence Heusi
(Address) 1631 E. 31 st St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 24 1937

19. UNDERTAKER Wm Gosk
(Address) 1917 St Paul St

Filed May 26 1937 Lexington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936 to May 21, 1937

I last saw h~~er~~ alive on May 20, 1937. Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	5/21/37
senility	
Other contributory causes of importance:	
Cystic pleuritis	
Chr. nephritis	
Mitral insufficiency.	

Name of operation None Date of ...

What test confirmed diagnosis: Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) L. C. Gobrial M. D.

(Address) 1147 N. Kenwood Ave.

F 35725

725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N. Fulton Ave St.) (Ward 16-2)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret Gertrude Downie

If U.S. Veteran specify WAR

(a) Residence: No. 209 N. Fulton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widow

16. ~~Married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: John L -

DATE OF BIRTH (month, day, year): Mar. 1 - 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Timothy J Brown

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Annie Kirby

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mary Brown

(Address): 116 S. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place: [illegible] Date: 5/22 1937

19. UNDERTAKER: William Cook

(Address): [illegible]

FILED 19 Registrar.

22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20 1937 8:28 PM

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937 to May 20 1937

I last saw her alive on May 20 1937. Death is said to have occurred on the date stated above, at 8:28 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilation (c)	
Pulmonary edema	

Other contributory causes of importance:

Chronic nephritis & hypertension.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 4 N. Fulton

35726 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35726

CERTIFICATE OF DEATH V108

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Pennsylvania St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Boyd

If U. S. Veteran specify WAR

(a) Residence: No. 806 Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lennie Boyd

6. DATE OF BIRTH (month, day, year): March 14, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	4 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 8040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: James Boyd

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: ? Thornton

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Lennie Boyd

(Address) 806 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Tappahannock Va Date 5/23/ 1937

19. UNDERTAKER: Frances A. Hemsley

(Address) 578 W Biddle St

20. FILED MAY 22 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1937 to 5-19, 1937

I last saw him alive on 5-19, 1937. Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Pneumococcus Empyema	4-12

Was an operation performed? Yes Date of 4-19-37

For what disease or injury? Empyema

Name of operation Tidal Irrigation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

(Address) Provident Hosp.

✓ F 35727

35727 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Morris St., 11-4 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eus Anderson

(a) Residence: No. 1021 Morris St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Anderson

6. DATE OF BIRTH (month, day, year) Dec 25 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edgefield S.C.

FATHER

13. NAME Eus Anderson Jr

14. BIRTHPLACE (city or town) (State or country) Edgefield S.C.

MOTHER

15. MAIDEN NAME Tina Timmons

16. BIRTHPLACE (city or town) (State or country) Edgefield S.C.

17. INFORMANT Edith Anderson

(Address) 1021 Anderson

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5/24/ 1937

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St

20. FILED ..... 19 ..... Registrar

MAY 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 4 15 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. Hagen, Coroner M. D.

(Address) 1215 Harlem

F 35728

5728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 51c

1. PLACE OF DEATH, Edgewood Sanitarium

CITY OF BALTIMORE: (No. 6000 Belona Ave St., 27-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 10 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Graham MacBain

(a) Residence: No. 6322 Harwood Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
M.	W.	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Jane McBain

7. DATE OF BIRTH (month, day, year) Dec 17 1871

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor 1086 Lombard Confectionary Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Selling Station

10. Date deceased last worked at this occupation (month and year) Aug 1936

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Rothesay Scotland

13. NAME Graham Lord MacBain

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Elsie McLennachie

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT John G. McBain Jr.
(Address) 6013 Pinehurst Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 24th 1937

19. UNDERTAKER Bryan Bros
(Address) 2244 N. Charles St.

22 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936, to May 21 1937

I last saw him alive on May 19 1937. Death is said to have occurred on the date stated above, 6 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with Metastases	June 1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John G. McBain Jr. M. D.

(Address) 401 East 25th Street

35729 F 35729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

820

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Cooper

(a) Residence: No. 667 Pierce St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

13. NAME Zenler Cooper

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Un Known
(State or country)

17. INFORMANT Wm. Cooper
(Address) 667 Pierce St

18. BURIAL, CREMATION, OR REMOVAL Date 5/24/37 19
Where Mt Auburn Cem

19. UNDERTAKER Bernard Kennedy
(Address) 1515 Lombard St

20. FILED ..... 19 ..... Registrar

MAY 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) P. H. Collins M. D.
Coroner

(Address) 3757 W Mon

35730 100 B—501

F 35730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) Found in harbor Fort & Lancaster St. WARD)

2-FULL NAME Theodore Stokes

(a) RESIDENCE NO. 1403 E. Eager St., 10-2 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Ida Stokes

6 DATE OF BIRTH (month, day, and year) Nov 26-1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	5	24	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Ruffin N. C.

10 NAME OF FATHER Henry Stokes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ruffin N C

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ruffin N C

Informant Ida Stokes (Wife)

(Address) 1403 E. Eager St

Filed 5 22 1937 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found in harbor May 20 1937

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry,) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry,) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Drowning

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably accidental

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. M. Morris, M. D. Coroner

5/21/1937 (Address) 1615 S. Edward Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ruffin N. C.

DATE OF BURIAL: 5-22 1937

20 UNDERTAKER

ADDRESS

Embalmed in Stained Wood Hyatt Casket

35731 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131 F 35731

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan Fredericks

(a) Residence: No. 1200 Valley St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Robert Fredericks

6. DATE OF BIRTH (month, day, year) 1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
87	"		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles County, Md.
(State or country)

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Charlotte Dobbins

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Stanislas, Sup.
(Address) Little Sisters of the Poor, city

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 22, 1937

19. UNDERTAKER Rita Windefeld
(Address) 914 Greenmount Ave

20. FILED ...Washington Wilkins, M.D.
MAY 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1936 to May 21, 1937

I last saw ~~her~~ alive on May 21, 1937. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	3
Other contributory causes of importance: Chr Nephritis	2
Arterio Sclerosis	3

Was an operation performed? no Date of

For what disease or injury?

Name of operation Aut Lap

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) 1114 Hollins St

✓ F 35732

5732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mrs Caroline Norris

If U. S. Veteran specify WAR.....

(a) Residence: No. 3811 Hamilton Ave St., ...Ward.....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Norris, Jr.

6. DATE OF BIRTH (month, day, year) Aug. 1 - 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Himmelsbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Steinmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Francis Norris Jr.

(Address) 3811 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date May 24, 1937

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED ....., 19.....

Registrar

MAY 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1937, to May 21, 1937.

I last saw her alive on May 21, 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of Body of Uterus with generalized metastases	
Other contributory causes of importance:	

Was an operation performed? Yes Date of March 15, 1937

For what disease or injury? Cancer of Uterus

Name of operation Subtotal hysterectomy, bilateral salpingo-oophorectomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.....

(Signed) Gibson L. Wells M. D.

(Address) University Hospital

35733 F 35733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3917 Northern Parkway St., 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Knapp

(a) Residence: No. 3917 Northern Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Peter Knapp

DATE OF BIRTH (month, day, year) Sept. 17, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

13. NAME William Diehl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Fischer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Knapp
(Address) 3917 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May 22, 19 37

19. UNDERTAKER Frederick Lazarus & Son
(Address) 7401 Belair Road

MAY 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1937, to May 19, 1937

I last saw her alive on May 19, 1937. Death is said to have occurred on the date stated above, at 3:20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	unknown
Bronchopneumonia	5/17/37

Other contributory causes of importance:

Chronic Nephritis	unknown

Was an operation performed? yes Date of 4/14/1937

For what disease or injury? Carcinoma of Colon

Laparotomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John A. Hacker M. D.

(Address) 6304 Belair Road

35734 HEALTH DEPARTMENT—CITY OF BALTIMORE 35734

23194

CERTIFICATE OF DEATH

46a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 24-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Schneider

(a) Residence: No. 1449 Williams St, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Heller

6. DATE OF BIRTH (month, day, year) 7-30-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Phillip

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise Beck

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Md Date May 22 19 37

19. UNDERTAKER [illegible]
(Address)

MAY 22 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1-37, 1937 to 5-22-37, 1937

I last saw h alive on 5-22, 1937 Death is said to have occurred on the date stated above, at 7 18 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus	10 mo.

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. A. Hoover M. D.

(Address) Balt. City Hosp.

35735 ✓ F 35735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 28-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Jack If U. S. Veteran specify WAR Civil War

(a) Residence: No. 4910 Reisterstown Rd., Balto. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Catherine Cately Jack

6. DATE OF BIRTH (month, day, year) March 21, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer & Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0030

10. Date deceased last worked at this occupation (month and year) 25 years Ago

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Portland Maine

13. NAME James Jack

14. BIRTHPLACE (city or town) (State or country) Denmark

15. MAIDEN NAME Aurelia C. Williams

16. BIRTHPLACE (city or town) (State or country) Alban Maine

17. INFORMANT Records- U.S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL. Arlington Park 66 Date 5/24, 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Fallis sts

20. FILED , 19 [illegible]

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to May 20, 1937

I last saw him alive on May 20, 1937. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	unknown
Arteriosclerosis, general	"

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) T. B. Anderson M. D.
(Address) U.S. Marine Hospital, Balto. Md.

✓ F 35736

5736 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

10 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Port St. 7-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mary A. Harris

(a) Residence: No. 710 N. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albert E. Harris, Sr.

DATE OF BIRTH (month, day, year) December 15, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Glennon

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Sarah Wilkison

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Albert E. Harris, Sr.
(Address) 710 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date May 24 19 37

19. UNDERTAKER Joseph H. Cook
(Address) 1005 E. Baltimore St.

20. FILED MAY 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 , 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16 , 1937 to May 21 , 1937

I last saw her alive on May 21 1937 Death is said to have occurred on the date stated above, at 12 00 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 5/15/37 Date of onset 5/15/37

Other contributory causes of importance: Acute Cardiac Dilatation 5/21/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Kybauer, M. D.

(Address) 801 N. Kenwood Ave.

Mehaffie

E 35737

35737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 16-S (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Mehaffie

(a) Residence: No. 602 Lyndhurst Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Brooks V. Mehaffie

6. DATE OF BIRTH (month, day, year) Dec. 28-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) 2 weeks ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

13. NAME Wm. Fisher

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland

15. MAIDEN NAME Annie E. Perkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Wm. Fisher
(Address) Frederick, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet, Frederick Date May 24, 37

19. UNDERTAKER C. E. Cline & Son
(Address) & E. Patrick, Frederick, Md.

MAY 22 1937 Huntington, Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937, to May 22, 1937

I last saw h.. alive on May 22, 1937. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular disease	?
Other contributory causes of importance: Rouge Worm Cyst	?

Was an operation performed? No Date of -

For what disease or injury? -

Name of operation -

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George B. Granville M. D.

(Address) St. Joseph's Hospital

Usurla Levine ✓ F 35738

D. P. 1269-A

35738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Usurla Levine

(a) Residence: No. 643 W. Lombard St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanly Levin

DATE OF BIRTH (month, day, year) April 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lethuania

13. NAME Anthony Aliakna

14. BIRTHPLACE (city or town) (State or country) Lethuania

15. MAIDEN NAME Anna Yenkus

16. BIRTHPLACE (city or town) (State or country) Lethuania

17. INFORMANT A. Aliakna

(Address) 643 W. Lombard St.

18. BURIAL, CREMATION OR REMOVAL. Place Holy Redeemer Cem. Date 5/24 1937

19. UNDERTAKER John Keppy (221 S. Bruce St.)

(Address) Williams & Taylor

5/22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
a.	
Carbon Monoxide	
(Illuminating Gas)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury May 19, 1937

Where did injury occur? 643 W. Lombard St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury This woman had a Mental Condition

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T. H. C. Pochen, M. D. Coroner

(Address) 2757 W. Lvs St

35739 E 35739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 16-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Harlem Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 9 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Brisl

If U. S. Veteran specify WAR

(a) Residence: No. 2006 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia. Brisl

7. DATE OF BIRTH (month, day, year): Aug. 19 1870

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: John C Lewis & Co

10. Date deceased last worked at this occupation (month and year): 5/15/37

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: George Brisl

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Margaret Radtke

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Sophia Brisl (Wife)
(Address) 2006 Harlem ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem Date: 5-24 1937

19. UNDERTAKER: Mrs Chas A. G. Rohde
(Address) 2327 Edmondson ave

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May. 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937 to May 21 1937

I last saw him alive on May 21 1937. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular disease	7

Other contributory causes of importance:

Bronchial Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2211 Eutaw

6/2/37

22 1937 from 6 PM to 8 PM. Dr. Rove Es 2211 Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

35740

CERTIFICATE OF DEATH

X 131 F 35740

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 5D ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Newton Thornton Saye If U. S. Veteran specify WAR World War

(a) Residence: No. Cordele, Georgia Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~

HUSBAND of ~~or WIFE of~~ O. Norvine Saye

7. DATE OF BIRTH (month, day, year) April 30 1890

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	0	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collection Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reid Phos. Co

10. Date deceased last worked at this occupation (month, day, year) Mar 1937

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Ga.

13. NAME Father Tobe R. Saye

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Elizabeth G. Barrett

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT James O. Saye Ga

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cordele Georgia Date May 22 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 22 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1937

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1937 to May 22, 1937

I last saw h. alive on 5-22-1937 Death is said to have occurred on the date stated above, at 5:29 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	1930
Arteriosclerosis	1932
Hypertension	1934
Chronic Nephritis	1934
Coronary Occlusion	5-15-37

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Robert H. Sivey M. D.

(Address) Union Memorial Hosp.

35741 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35741

Sutch

J 46-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 3-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Mary Sutch

(a) Residence: No. 1518 Clifton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter L. Sutch

6. DATE OF BIRTH (month, day, year) July 19 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (603)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James T. Hatten

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Margaret Newbeck

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Margaret A. Hornung

(Address) 1412 Union Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date May 25 1937

19. UNDERTAKER Mamie C. Lafferty

(Address) 600 W. North Ave

MAY 22 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/20/37, 19, to 5/22/37, 19

I last saw h[illegible] alive on 5/22/37, 19. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy? - Severe secondary anemia	[illegible]

Other contributory causes of importance:

Arteriosclerosis
Myocardial Insufficiency

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp

35742 E 35742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyda Lhan Hospital 21-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Kocher

(a) Residence: No. 723 Ramsay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Edna Kocher

6. DATE OF BIRTH (month, day, year) May 5 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

13. NAME Henry Kocher

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Ruped

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Edna Kocher Wife

(Address) 723 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 22 1937

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 22 1937 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937.

22. I HEREBY CERTIFY, That I attended deceased from May 17 1937 to May 21, 1937

I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 5 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Dermatitis - Cause Undetermined	5/16/37
Bronchopneumonia	5/18/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 4/30/37

For what disease or injury? Hernia

Name of operation Herniaplasty

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sidney Gelman M. D.

(Address) Lyda Lhan Hospital

35743 HEALTH DEPARTMENT—CITY OF BALTIMORE 35743

21493--CM

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Smith — If U. S. Veteran specify WAR

(a) Residence: No. 119 N. Exeter St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva(D)

6. DATE OF BIRTH (month, day, year) 12-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Marion Smith (D)

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Lena Baran

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 5-22 1937

19. UNDERTAKER J. J. Flaherty & Sons
(Address) 818 Light St

20. FILED MAY 21 1937, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1937 to 5-13 1937

I last saw him alive on 5-13 1937 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	9 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

F 35744

35744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22247 JS 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Gongales

If U. S. Veteran specify WAR

(a) Residence: No. 1120 Watson St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-29-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mexico (State or country)

13. NAME Joseph

14. BIRTHPLACE (city or town) Mexico (State or country)

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) Mexico (State or country)

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 5-22 1937

19. UNDERTAKER J. J. Gahey & Sons

(Address) 1315 Light St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-29-1937 to 5-14-1937

I last saw him alive on 5-14-1937 Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Dis. — Date of onset? 1 mo.?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramus M. D.

(Address) Baltimore City Hospital

5-22 1937 [illegible]

23445 F 35745

35745 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 15-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME B. Boy Holton

If U. S. Veteran specify WAR .....

(a) Residence: No. 1514 N. Fremont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-9-1937

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8 days		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Holly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 5-22 19 37

19. UNDERTAKER J. J. Fahey & Sons
(Address) J. J. Fahey & Sons

20. FILED ..... 19..... Registrar .....

MAY 24 1937 Lexington Millwaukee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17/37 19

22. I HEREBY CERTIFY, That I attended deceased from 5/9/37 19..... to 5/17/37 19.....

I last saw him alive on 5/17/37 19..... Death is said to have occurred on the date stated above, at 9:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation of Heart	5-9-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R B Jones M. D.

(Address) Balto City Hosp

35746 F 35746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Presidents Hospital St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Banks

If U. S. Veteran specify WAR .....

(a) Residence: No. 721 Pennsylvania Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coach and Real Estate Person

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

MOTHER FATHER

13. NAME R

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Battie Ann Robinson

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

17. INFORMANT Chas Boyles

(Address) Chambersburg Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date 5/22/ 1937

19. UNDERTAKER Katie R. Williams

(Address) 3[illegible] Schroeder St.

22 1937 Katie R. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary & Shingles	May 20 1937
disease Burns of Body	

Other contributory causes of importance:

Was an operation performed? none Date of —

For what disease or injury? no

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury May 20, 19

Where did injury occur? 721 Penna Ave Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell from presumably upper floor

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Collins, M. D.

Coroner

(Address) 50 Penn North St

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 35747

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thales L Butler If U. S. Veteran specify WAR

(a) Residence: No. Jefferson City, Tenn. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 9/12/11

8. AGE: Years 25 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Tenn

13. NAME Darsie L Butler

14. BIRTHPLACE (city or town) (State or country): Tenn

15. MAIDEN NAME Butler Maples

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jefferson City Tenn Date 5-24-37

19. UNDERTAKER John O Mitchell Jr Hom
(Address) 1900 Eastern Ave

19 Registrar.

5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14. 1937 to May 22. 1937

I last saw h alive on May 22. 1937. Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage due to Rupture of congenital aneurysm of Rt. Ant. Cerebral Artery	5/00/37
Other contributory causes of importance: Essential Hypertension	??

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. Hollis Hand M. D.

(Address) Johns Hopkins Hosp

F 35748

5748 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 N. Montford Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Burl C. Gordon

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1707 N. Montford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of ~~WIFE~~ of Florence Gordon

7. DATE OF BIRTH (month, day, year) Nov 26th 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper 2086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Monrovilla Md.

13. NAME OF FATHER James A. Gordon

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME OF MOTHER Mary Stiller

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

INFORMANT (Address) Florence Gordon 1707 N. Montford Ave

BURIAL, CREMATION, OR REMOVAL Place Monrovilla Md Date May 24th 1937

UNDERTAKER (Address) Jos Gott 1217 St Paul St

FILED (Date) Washington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21st, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 24 to May 21 37

I last saw h alive on May 21 19 37 Death is said to have occurred on the date fixed above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocarditis	about 2 yrs
(b) Arteriosclerosis	2 yrs
Contributory causes of importance: Hypertension, Nephritis	10 yrs
Aortic Calcification	10 yrs

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. Reed Talbot M. D.

(Address) 1700 N. Calvert St

F 35749

35749 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hos. St. 25-C Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles F Faber
If U. S. Veteran specify WAR No Record

(a) Residence: No. 3443 Hamper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Faber

6. DATE OF BIRTH (month, day, year) Oct 8th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cap maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. August Manning Co
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Brest Md.

FATHER

13. NAME Henry Faber
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Vuhann
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Anna Faber
(Address) 3443 Hamper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date May 24th 1937

19. UNDERTAKER Gray Cook
(Address) 1217 St Paul St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. A. Wright M. D.
Coroner

(Address) 1010 N. Gilmor Ave.

V S 6

F 35750

35750 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6519 Sefton Ave St. 27-5 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew G. Schaub

If U.S. Veteran specify WAR .....

(a) Residence: No. 6519 Sefton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah M. Schaub

DATE OF BIRTH (month, day, year) May 13, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Paint Co

10. Date deceased last worked at this occupation (month and year) 8 years ago

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John W. Schaub

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaretta Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Wilson

(Address) 6519 Sefton Ave

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem May 24 1937

19. UNDERTAKER Elmer W. Conaway & Son

(Address) 924 Gay St

FILED Washington Wilbur City Registrar

MAY 26 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 37 to May 21 1937

I last saw him alive on May 20 37 Death is said to have occurred on the date stated above at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	Dec 1936
Other contributory causes of importance Arteriosclerosis	P.

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William R Gegaphe M. D.

(Address) 10 E Biddle St

35751 E 35751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Avenue (Street) Hospital

Registered No. 54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Lewis Goldstein.

If U.S. Veteran specify WAR

(a) Residence: No. 125 N. Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Ida

DATE OF BIRTH (month, day, year): 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Frank Goldstein (Address) 125 N Pine St.

BURIAL, CREMATION, OR REMOVAL: Place Rest Rosedale Cemetery Date May 23 1937

UNDERTAKER: Sol Levinson & Bros (Address) 1127 E Baltimore St.

Huntington Williams, MD

MAY 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/22/37 19

22. I HEREBY CERTIFY, That I attended deceased from 5/1/37, 19, to 5/22/37, 19

I last saw him alive on 5/22/37. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic-C-V disease	
Cerebral Thrombosis	
Bronchopneumonia.	

Other contributory causes of importance: Diabetes Mellitus.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp.

5752 ✓ F 35752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Labinsky

If U. S. Veteran specify WAR .....

(a) Residence: No. 916 Granby St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Sarah Labinsky

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Labinsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rubenn

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Gibson

(Address) 916 Granby St.

18. BURIAL, CREMATION, OR REMOVAL

Place Southern Ave Date May 23 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E. Balto St

20. FILED MAY 26 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 19, 1937

Where did injury occur? Granby St - Balto, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell & struck his head

Nature of injury against a fire plug.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schnepfer, M. D.

Coroner

(Address) 1914 E. North Ave.

✓ F 35753

753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Keswick Rd St.) (13-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth A. Armacost

(a) Residence: No. 3011 Keswick Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James A. Armacost

DATE OF BIRTH (month, day, year) Sept 6 — 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	62	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

13. NAME Richard Chambers

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Gaule

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James A. Armacost
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date May 24 1937

19. UNDERTAKER T. J. Marshall
(Address) 3539 Fait Ave

Huntington Williams, MD

MAY 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 21, 1937

I last saw her alive on May 21, 1937. Death is said to have occurred on the date stated above, at 10:40 P m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis acute congestive & hypostatic pneumonia

Date of onset about two days ago.

Other contributory causes of importance:

Pulmonary edema -

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Jason Donovan M. D.

(Address) 846 W 36 Bo Balto.

M. D. B. 1268-9

F 35754

5754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 E. 35th St. 9-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elise Klein Albricht

(a) Residence: No. 804 E. 35th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B Albricht

6. DATE OF BIRTH (month, day, year) Sept. 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elise Klein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Albricht, Daughter

(Address) 804 E. 35th st.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date May 24, 1937

19. UNDERTAKER Harry A. Cruickshank

(Address) 4201 Richmond Ave

Huntington Williams Sr

MAY 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from about 9 yrs. ago, 19 to May 21, 1937

I last saw h[illegible] alive on May 20, 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	about 9 yrs. ago

Other contributory causes of importance:

Name of operation [illegible] Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. T. Schnorrll, M. D.

(Address) 3307 Tioga Parkway

F 35755

35755 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals St., 15-3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....da. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Duce

(a) Residence: No. Paragopathic Ward Balto City Hospitals St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) June 17 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	87	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly assist in housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Kay Erb. Stober

(Address) 2511 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Cem. Carroll Co. Date May 24. 1937

19. UNDERTAKER Maurice G. Syfert

(Address) 1600 W. North Ave.

20. Filed MAY 3 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	

Other contributory causes of importance: Hypostatic pneumonia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury April 5. 1937

Where did Injury occur? Balto Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto City Hos. Paragopathic Ward

Manner of injury Unknown Fell from bed to floor

Nature of injury Comm. Fract. L. Fem.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright Coroner M. D.

(Address) 1010 S. Belnord Ave.

S 6

35756 ✓ F 35756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Lafayette ave St. 16-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Harrington

Is U. S. Veteran? specify WAR

(a) Residence: No. Rocki gham, N.C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6. If married, widowed, or divorced: HUSBAND of Alec. Harrington (or) WIFE of

7. DATE OF BIRTH (month, day, year) 4/16/1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockingham, Va.

13. NAME Kinch Little

14. BIRTHPLACE (city or town) (State or country) Wageborough, N.C.

15. MAIDEN NAME Hannah McCray

16. BIRTHPLACE (city or town) (State or country) Rockingham, N.C.

17. INFORMANT John Little

(Address) 1410 W. Lafayette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rockingham N.C. Date May 23 1937

19. UNDERTAKER Walter B. Lang & Co.

(Address) 434 W. Hamby St.

FILED 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19th, 1937, to May 22, 1937

I last saw her alive on May 21st. 1937 Death is said to have occurred on the date stated above, at 2. A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset: May 18 1937

Other contributory causes of importance:

XXX

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so,

(Signed) Walter S. Jackson, M. D.

(Address) 1631 W. Franklin st

F 35757

5757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Hennemann Ave St. 5-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Benney (Benney)

(a) Residence: No. 2231 Hennemann Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Norman Benney

6. DATE OF BIRTH (month, day, year) Jan 6 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	3 4	15	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Breuning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence Benbrey

(Address) 2231 Hennemann Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Wallburga Cemetery Date May 24 1937

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED 5 25 1937 Clayton White, Registrar.

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

✓ F 35758

35758 HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1602 Llewelyn Ave St. 8-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? 58 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John F. Walsh

(a) Residence No. 1602 Llewelyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Casserly

7. DATE OF BIRTH (month, day, year) 10-25-1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas W. Walsh
(Address) 937 Forest Pk

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5/24/37

19. UNDERTAKER George Diffendal Inc
(Address) 1731 Madison Ave

20. FILED [illegible] Registrar.

MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1937 to May 22 1937

I last saw h[illegible] alive on 5/20 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Uremia	5/11/37
Other contributory causes of importance: Myocardial degeneration	5/20/37

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No Clinical autopsy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) [illegible] M. D.

(Address) 1501 E Fayette

M. D. B. 1268-9

✓ F 35759

35759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH 43 E. Heath St.

CITY OF BALTIMORE: (No. 43 St., 23-3 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Bessie May Helm. (Helm)

(a) Residence: No. 43 E. Heath St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Stewart H. Helm

6. DATE OF BIRTH (month, day, year) Dec 11 1881.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Married) Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Oliver Bram.

14. BIRTHPLACE (city or town) Howard County
(State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah Garr

16. BIRTHPLACE (city or town) Howard County
(State or country) Maryland

17. INFORMANT Stewart H. Helm
(Address) 43 E. Heath St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 25 1937

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place

MAY 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14th 1937 to May 21st 1937

I last saw her alive on May 21st 1937. Death is said to have occurred on the date stated above, at 11.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemmorrhage	1 week.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eldred Roberts M. D.

(Address) 6010 York Road

5-2480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35760

CERTIFICATE OF DEATH

46-7

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St. Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred Richardson

(a) Residence: No. 3041 Sedgewick 21 St., Ward. Washington 10-6
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abbie C. King

6. DATE OF BIRTH (month, day, year) 3/26/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

13. NAME Alfred Richardson

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Elizabeth Pusher

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Arbena Mech Date May 25 1937

19. UNDERTAKER John Ortel Schlosser & Sons (Address) 1900 Eutaw Place

20. FILED MAY 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from March-28, 1937, to May-22, 1937

I last saw him alive on May-22, 1937. Death is said to have occurred on the date stated above, at 7.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, body of pancreas	Sept. 1936
Multiple metastases	
Other contributory causes of importance: Partial intestinal obstruction	

Was an operation performed? Yes Date of April 12 1937

For what disease or injury? Carcinoma pancreas

Name of operation Exploratory laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Florence H. Patterson M. D.

(Address) Johns Hopkins Hospital

35761 E 35761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4600 Minnesota Ave St. 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah C. Foster

If U. S. Veteran specify WAR .....

(a) Residence: No. 4600 Minnesota Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 5 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME James Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Emma Brookhart

(Address) 4600 Minnesota

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 25 1937

19. UNDERTAKER Martin H. E. Dippel

(Address) 325 S. Ann St.

MAY 25 1937 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance: Cerebral apoplexy — Cardiac Failure

Was an operation performed? — No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Rhenter, M. D.

Coroner

(Address) 1919 E. North Ave.

5762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35762

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Hickory Ave St., 13-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Tucker

If U. S. Veteran specify WAR

(a) Residence: No. 3625 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Tucker

6. DATE OF BIRTH (month, day, year) Sept. 20, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wm Tucker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Laura V. Tucker
(Address) 3625 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL
Bodkin, Kello Co. Inc. Date May 24, 1937

19. UNDERTAKER Chenowith & Son
(Address) 3115-17 Chestnut Ave

20. FILED , 19 Registrar.

5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 19, 1937, to May 21, 1937.

I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension tertiary Salerosis	?
Apoplexy	5-21-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Edw Dickenson M. D.

(Address) 950 W 36 St.

(Prunty)

E 35763

HEALTH DEPARTMENT—CITY OF BALTIMORE

35763

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 9-4 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Prunty

If U. S. Veteran specify WAR

(a) Residence: No. St. Joseph's Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Prunty

6. DATE OF BIRTH (month, day, year) June 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hospital

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nurse 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Anton Brink

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Williams

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Marie Hartman
(Address) 727 E. 36th Street.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 24, 37

19. UNDERTAKER John F. Morar
(Address) 2000 E. Baltimore

MAY 1937 19 Registrar.

Huntington Williams, M.D.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937 to May 22, 1937

I last saw her alive on May 22, 1937. Death is said to have occurred on the date stated above, at 8 42 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5-13-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Tongchest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Brouillet M. D.

(Address) St. Joseph's Hospital

M. D. B 1268-9

F 35764

35764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E. York St. St. 22-1 Ward)

Length of residence in city or town where death occurred 19 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? 24 yrs. --- mos. --- ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Marie Di Vincenzo.

(a) Residence: No. 6 E. York St. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

3a. If ~~Married, Widowed, or Divorced~~ (or) WIFE of Emilio Di Vincenzo

6. DATE OF BIRTH (month, day, year) August 4, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Domenico Lombardi.

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Pasqua ---------

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Angelo Di Vincenzo (daughter)

(Address) 6 E. York St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 24, 1937

19. UNDERTAKER Frank Della Vall

(Address) 52 N Morley St

23 1937 H. Eyton Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortitis, lues.	
Aortic Aneurism.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Eyton Williams, M. D.

Coroner

(Address)

35765 F 35765

HEALTH DEPARTMENT—CITY OF BALTIMORE

23641--CM

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosps. St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number,)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Theodore Daniel Wolff

(a) Residence: No. 1122 Somerset St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Wolff

6. DATE OF BIRTH (month, day, year) 11-20-1866

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stafford Hotel

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Switzerland

13. NAME Daniel Theodore Wolff

14. BIRTHPLACE (city or town) (State or country) Switzerland

15. MAIDEN NAME Anna Loew

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Records of Balto. City Hosps.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park 5/25 1937

19. UNDERTAKER The Cook Co.

(Address) 1212 E. Cold St.

20. FILED MAY 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1937 to 5-22, 1937

I last saw h/ alive on 5-22, 1937. Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	4 mos.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kanney M.D.

(Address) Baltimore City Hospitals

35766 E 35766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospt. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Annie Driscoll

(a) Residence: No. 1604 E. Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Divorced

6a. If married, widowed or divorced (or) WIFE of Edward Morrison

6. DATE OF BIRTH (month, day, year) Sept 28th 1866

7. AGE: Years 70 | Months 7 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Timothy Driscoll.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann O'Leary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Alfred Cross

(Address) 1604 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 26th 37

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

20. FILED MAY 24 1937 E. Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937, to May 23, 1937

I last saw her alive on May 23, 1937 Death is said to have occurred on the date stated above, at 7 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5-15-37
Other contributory causes of importance: Hypertension	1930?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Brouillet M.D.

(Address) St. Joseph's Hospital

35767 F 35767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 13 W. Preston St., (Ward) 11-25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie T. Roper

If U.S. Veteran specify WAR No Record

(a) Residence: No. 13 W. Preston St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed~~, ~~divorced~~ (or) WIFE of Harry S. Roper

7. DATE OF BIRTH (month, day, year) May 27th 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 5/22/37

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME ? Symes

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Harry S. Roper

(Address) 13 W. Preston St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 26th 1937

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAY 24 1937 Funeral Director Washington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1936 to May 23 1937

I last saw h[illegible] alive on May 23 1937. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	3 yrs.

Other contributory causes of importance:

None	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) H. K. Patterson M. D.

(Address) 81 Hamilton Terrace

35768 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35768

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH ~~South Baltimore General Hosp~~ Registered No. .....
CITY OF BALTIMORE: (No. 1213 Light St. 24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Edward C. Ledley If U.S. Veteran specify War No Record
(a) Residence: No. 840 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Elizabeth Ledley
DATE OF BIRTH (month, day, year) May 5th 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	0	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Commercial Bank
10. Date deceased last worked at this occupation (month and year) Mar 1937
11. Total time (years) spent in this occupation 1 Mo.
12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Edward C. Ledley
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME Susan Powers
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Elizabeth Ledley
(Address) 840 S. Paca St
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 26 1937
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED MAY 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1937
22. I HEREBY CERTIFY, That I attended deceased from March 22 1937 to May 23 1937
I last saw him alive on May 23 1937 Death is said to have occurred on the date stated above, at 3 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of sigmoid colon	
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? yes Date of March 22
For what disease or injury? Cancer of sigmoid colon
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James L. Webb M. D.
(Address) 1213 Light St.

35769 Van A Hunt # 23595 E8 E 35769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 8-2 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Record

2. FULL NAME Van Hunt

(a) Residence: No. 1732 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nanna Bell Hunt

6. DATE OF BIRTH (month, day, year) 10-15-1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Journeyman

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Franklin Vermont
(State or country)

13. NAME Franklin E. Hunt

14. BIRTHPLACE (city or town) Vermont
(State or country)

15. MAIDEN NAME May Evans

16. BIRTHPLACE (city or town) Vermont
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 5/25, 1937

19. UNDERTAKER J. H. Cook
(Address) 1214 W. Fayette

Registrar

FILED MAY 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1937, to 5-22, 1937

I last saw him alive on 5-22, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) John F Ramey M. D.

(Address) Baltimore City Hosp

5770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35770

CERTIFICATE OF DEATH

43-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 N. Charles St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Carter Hall

If U. S. Veteran specify WAR

(a) Residence: No. 2426 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora Heath

6. DATE OF BIRTH (month, day, year) 5/15/52

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	--	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md.

13. NAME Charles C. Hall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Flora H. Hall
(Address) 2426 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemy. Date 5/24/37

19. UNDERTAKER John O. Whitehill & Sons
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MAY 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/31, 1936, to May 22, 1937

I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	March 1936

Other contributory causes of importance:

Senility.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J.S. Harding, M. D.

(Address) 4810 Belair Rd.

E 35771

35771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Witherspoon Rd. St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma May Ennis

(a) Residence: No. 201 Witherspoon Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. B. Ennis

6. DATE OF BIRTH (month, day, year) 2/14/54

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Daniel Lepson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Arabella Etherington

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Belle E. Lane, 201 Witherspoon Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemy. Date 5/24/37

19. UNDERTAKER John J. Mitchell & Son Inc (Address) 1800 Eutaw Place

MAY 24 1937 Lexington Millard, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 9 . 1937 . to May 22 . 1937

I last saw her alive on May 22 . 1937 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M Bauman Hood M. D.

(Address) 2200 Garrison Ave.

F 35772

35772 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4010 Park Heights Ave. St. 15-43 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jesse Vinton Hobbs

If U. S. Veteran specify WAR

(a) Residence: No. 4010 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Sept. 30, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll Co. (State or country) Md.

MOTHER FATHER

13. NAME Wm. M. Hobbs

14. BIRTHPLACE (city or town) Howard Co. (State or country) Md.

15. MAIDEN NAME Fannie A. Barnes

16. BIRTHPLACE (city or town) Howard Co. (State or country) Md.

17. INFORMANT Miss. Elizabeth Hobbs
(Address) 4010 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 5/24/37

19. UNDERTAKER John O. Mitchell Funeral Service
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5-6-37 19 to 5-22-37 19 37

I last saw him alive on 5-22-37 19 37. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Interstitial Nphritis	6 Mo
Uraemia	4 Days

Other contributory causes of importance: None

Was an operation performed? yes Date of 4-22-37

For what disease or injury? Phimosis

Name of operation Split Prepuce

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred F. Stueler M. D.

(Address) 910 N. Fulton Ave.

24 133 Huntington Ave Milwaukee, Wis

3.30

M. D. H. 1268-9

35773

F 35773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Biddle St. 17-1 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Effie Lee

(a) Residence: No. 624 W. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. Lee

6. DATE OF BIRTH (month, day, year) May 5, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co. Md.

13. NAME George H. Bartelin

14. BIRTHPLACE (city or town) (State or country) St Mary Co Md.

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (city or town) (State or country) St Mary Co Md

17. INFORMANT Mrs Barbour

(Address) 624 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Date May 24, 1937

19. UNDERTAKER Mrs. Estie R. Williams

(Address) 322 E. Lafayette St.

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 — 1937

22. I HEREBY CERTIFY, That I attended deceased from July 11 — 1937, to May 20 — 1937

I last saw h.. alive on May 19 — 1937. Death is said to have occurred on the date stated above, at 12.15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/16/37

Other contributory causes of importance: Chronic Interstitial Nephritis — 10 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Chas. J. Keller M. D.

(Address) 222 N. Monument St.

35774

F 35774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3311 Gwynns Falls Parkway St., 15 Ward
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Sonderman
If U. S. Veteran specify WAR

(a) Residence: No. 3311 Gwynns Falls Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella C. Sonderman

7. DATE OF BIRTH (month, day, year) April 14-1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Philip Sonderman
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Katharine Koch
16. BIRTHPLACE (city or town) (State or country) Baltimore Md
17. INFORMANT Mrs Ella C. Sonderman
(Address) 3311 Gwynns Falls Parkway
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 25 1937
19. UNDERTAKER Chas E. Franck
(Address) 502 Madison Ave
20. FILED 19 Registrar

24 1351

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1937, to May 22, 1937
I last saw h[illegible] alive on May 20 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	1932
Cardiac hypertrophy	1935
acute left ventricular dilatation	5 min.

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H G Jones M. D.
(Address) 720 N. Howard Ave

F 35775

35775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 12 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

U. S. Veteran (Specify WAR)

2. FULL NAME Joseph Oglesby

(a) Residence: No. 2462 Brentwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Eliza Oglesby

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER FATHER

13. NAME John Oglesby

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Sallie E. Bryant

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Eliza Oglesby

(Address) 2462 Brentwood ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date May 23 1937

19. UNDERTAKER Crockett & Leitch

(Address) 2101 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MAY 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Wheeler M. D.
Coroner

(Address) 1919 E. North ave.

35776 F 35776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N. Chester St. 6-3 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry L. Schaffer

(a) Residence: No. 203 N. Chester St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Etta A. Schaffer

6. DATE OF BIRTH (month, day, year): April 15-1865

7. AGE: Years: 72 | Months: 1 | Days: 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Fredrick Schaffer

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME: Georgia Louderman

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT: Etta A. Schaffer
(Address) 203 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date: May 24 1937

19. UNDERTAKER: Fike Herwig Sons
(Address) 2016 Orleans St

20. FILED MAY 24 1937 Wellington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 37 to May 21, 37

I last saw h alive on May 21, 37. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset

Chronic Nephritis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thos Insley, M. D.

(Address) 2806 E Balto

35777

F 35777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

150

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3007 Woodbourne Rd St., 27-5 Ward)

Length of residence in city or town where death occurred 52 yrs. 4 mos. ... dy. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizetta J. Schroder

(a) Residence: No. 3007 Woodbourne Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 6 1885

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	3	15	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) ... | Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Chas. A. Schroder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Gunther

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Chas. A. Schroder
(Address) 3007 Woodbourne Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date 5/24/37

19. UNDERTAKER Philip Henry Ford
(Address) 2116 Orleans St

24 1937 Herrington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to May 21 1937

I last saw her alive on May 21 1937. Death is said to have occurred on the date stated above, at 10:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast (left)	
Metastatic Carcinoma of left Axilla	
Myocarditis.	

Other contributory causes of importance:

Was an operation performed? Yes - amputation of Breast, Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Jaworski, M. D.

(Address) 2029 Eastern Ave.

5778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 35778

Registered No. 106

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 20-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stella Marie Grorge (PURCELL) If U. S. Veteran specify WAR

(a) Residence: 3421 Edmondson Ave. Ave St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry George

6. DATE OF BIRTH (month, day, year): January 11th, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Evansville Ind.

FATHER

13. NAME: Francis Premecerio

14. BIRTHPLACE (city or town) (State or country): Richmond Va.

MOTHER

15. MAIDEN NAME: Ellen Bishop

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Helen B. Premicerio

(Address): 3421 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cemetery. May 25, 1937

19. UNDERTAKER: Chas F. Shaw Son

(Address): 115 N. Mt. Royal Ave

20. FILED MAY 24 1937 19 Registrar Wilkinson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above. 8.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 7.37

Other contributory causes of importance:

Was an operation performed? No, Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35779

82-a

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 3503 Glen Ave St. 27-14 Ward)

2-FULL NAME Todd Engr Wainwright

(a) RESIDENCE NO. 3503 Glen Ave St. 27 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 Color or race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles M. Wainwright

DATE OF BIRTH (month, day, and year): April 10, 1854

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
83	11	1	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town): Baltimore

(State or country)

10 NAME OF FATHER: Artemus Bruder

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Bond

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Baltimore Md

14 Informant: A M Wainwright

(Address): 3503 Glen Ave.

15 Filed May 25 1937 [illegible] for Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 22 1937

17 I HEREBY CERTIFY, That I attended deceased from April 26 1937 to May 22, 1937, that I last saw h[illegible] alive on May 22, 1937, and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary): Cerebral Hemorrhage

(duration) yrs. mos 24 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Sherman K. Trapp, M. D.

1937 (Address) 2601 Mount Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dosoris (Balto. Co.) Date of Burial May 24 1937

26 UNDERTAKER: Horace F. Burgee

ADDRESS: 1331 Fallsway

35780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35780

53-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Penitentiary, 13-E Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Baxter

If U.S. Veteran specify WAR

(a) Residence: No. 4140 Falls Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Harry L. Baxter

7. DATE OF BIRTH (month, day, year): June 9-1891

8. AGE — Years: 45 — Months: 11 — Days: 14 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME OF FATHER: Bishop C. Steffey

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Sarah C. Powell

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Harry L. Baxter 4140 Falls Road

18. BURIAL, CREMATION, OR REMOVAL — Place: Druid Ridge Cem. May 26 '37

19. UNDERTAKER (Address): Horace H. Burgee 3631 Falls Road

5-24-1937 H. Livingston Whitehaven, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-21-37, 19 to 5-23-37, 19

I last saw her alive on 5-23-37, 19 Death is said to have occurred on the date stated above, at 8:50 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Abdomen. 1

ascites.

Date of onset: May

Other contributory causes of importance:

Resp Failure

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, sperify

(Signed) W P Stephenson M. D.

(Address) Md Penitentiary.

781 E 35781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 756 Edgewood St.) (16-8 Ward)

Length of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

If U. S. Veteran specify WAR —

2. FULL NAME George Mason Dixon

(a) Residence: No. 756 Edgewood St., ...Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah M. Dixon

7. DATE OF BIRTH (month, day, year) July 12-1850

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	86	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 30 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Isaac Dixon

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Amanda Mason

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frederick L. Dixon

(Address) 3727 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 25-37

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

MAY 24 1937 19... Register

Arlington Hillcrest, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22- 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1934 to May 22 1937

I last saw h.. alive on May 21 1937 Death is said to have occurred on the date stated above, at 12.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Chronic interstitial nephritis	5-20-
with uremia	

Other contributory causes of importance: Generalized arteriosclerosis —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None — What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Morris Bischeritz, M. D.

(Address) 5-4 S. Fulton Ave.

35782 E 35782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 Clifton Ter St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Vincent Allender

If U. S. Veteran specify WAR ✓

(a) Residence: No. 1521 Clifton Ter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~or] WIFE of~~ Florence E. Allender

6. DATE OF BIRTH (month, day, year) Feb 18 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. all 15

10. Date deceased last worked at this occupation (month and year) Dec 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carrollton Md

MOTHER FATHER

13. NAME William Allender

14. BIRTHPLACE (city or town) (State or country) Carrollton Md

15. MAIDEN NAME Mollie Whitesides

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Allender

(Address) 1521 Clifton Ter

18. BURIAL, CREMATION, OR REMOVAL Private - Westminster Md May 24 1937

19. UNDERTAKER Stephen A. Forbes & Sons

(Address) Md

20. FILED ..... 19..... Registrar

MAY 24 1937 Huntington-Nitterauer Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1933 19.. to May 22 1937

I last saw him alive on May 21 19.. Death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular	Unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred D Jewett M. D.

(Address) 2510 Penn. Ave

35783 F 35783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Southway St., 12-2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Hoops

If U. S. Veteran specify WAR

(a) Residence: No. 207 Southway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Hoops

6. DATE OF BIRTH (month, day, year) April 10, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Portsmouth, Va.
(State or country)

MOTHER FATHER

13. NAME Samuel Davenport

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Margaret Matthews

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Mrs. Sarah R. Henderson

(Address) 207 Southway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 24, 1937

19. UNDERTAKER Wm. H. Sickemo & Sons

(Address) Baltimore, Md.

20. FILED ..... 19..... Registrar.

MAY 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1929 19..., to May 22 1937

I last saw her alive on May 22 1937. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Gradual
Hypertension	years
Myocarditis.	
Other contributory causes of importance: Pulmonary Edema	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Moody M. D.

(Address) 140 S. Park Ave.

35784 E 35784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Bond St. 8-7 Ward)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Gordon

(a) Residence: No. 1414 N. Bond St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Gordon

7. DATE OF BIRTH (month, day, year) Feb. 27, 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Thomas Gordon

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Sarah Finney

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Anna M. Gordon

(Address) 1414 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 5/25, 1937

19. UNDERTAKER Richard F. Dinley

(Address) 4241 Gough ave

FILED ... Registrar

24 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937, to May 22, 1937

I last saw h... alive on May 14, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4.8.37

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John Patrick, M. D.

(Address) 4366 Hamilton Ave

35785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173 F 35785

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Myrtle & Hoffman St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Leroy Banks

(a) Residence: No. 116 Wabash St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	Col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
22	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Banks

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Cecil Jackson

16. BIRTHPLACE (city or town) (State or country) Culpeper Va.

17. INFORMANT Cecil Banks

(Address) 1126 Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 21 1937

19. UNDERTAKER Adolphus Abbott

(Address) 1200 Druid Hill Ave

Date received MAY 21 1937 By Washington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry thereon; And from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above at 2:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of chest	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury May 16, 1937.

Where did injury occur? Cor. Myrtle & Hoffman Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place employer

Manner of injury Pistol shot

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Gauss M. D.
Coroner

(Address) 12-15 Druid Hill Ave

S 6

Hermann Kummelman

35354 35786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-F 35786

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hermann Kummelman

If U. S. Veteran specify WAR

(a) Residence: No. 10 Maple Ave. St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine J. Kummelman

7. DATE OF BIRTH (month, day, year) 11/13/88

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plaster 0057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Andrew Kummelman.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Auser

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery May 27 1937

19. UNDERTAKER Fred'k Lassahn & Son (Address) 940 Gilmor St

MAY 24 1937 Huntington Wolfenden M.D. Registrar.

(GHS)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-22 1937

22. I HEREBY CERTIFY, That I attended deceased from March-12 1937 to May-22 1937

I last saw him alive on May-22 1937. Death is said to have occurred on the date stated above, at 6.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - right submaxillary	
Out multiple metastasis to	1-1-37
brain, lungs and abdomen	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Palmer A. Foster Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35787

CERTIFICATE OF DEATH

48 F 35787

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3812 Gwynns Oak St., 28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ina L. Deaver

If U. S. Veteran specify WAR

(a) Residence: No. 3812 Gwynns Oak St., 28 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced
HUSBAND of
(or) WIFE of George A. Deaver

DATE OF BIRTH (month, day, year) Aug 19 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Hermann B. F. Lubers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Staub

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George A. Deaver
(Address) 3812 Gwynns Oak

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 24/37

19. UNDERTAKER J. B. Hepbert & Son
(Address) 13.. Eutaw Place

19. DATE RECEIVED MAY 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21- 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to May 21 1937
I last saw h.e alive on May 21 1937 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	

Other contributory causes of importance:

Uremia Hypostasis & General peritonitis

Was an operation performed? Yes Date of May 1937

For what disease or injury? Carcinoma of uterus

Name of operation Exploratory

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Grace M. D.

(Address) 4710 Liberty Hts Ave

M. D. B. 1208-9

35788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 F 35788

Registered No.

1. PLACE OF DEATH Church Home + Infirmary

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 742 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Weil.

(a) Residence: No. 735 N. Lakewood Ave. St., 7. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Weil

6. DATE OF BIRTH (month, day, year) Jan. 29. 1887

7. AGE: Years 50 | Months 3 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as sdk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Kahl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Holtgrew

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John T. Weil
(Address) 735 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date May 25, 1937

19. UNDERTAKER F. B. Keppel + Son.
(Address) 1300 Eutaw Place

MAY 24 1937 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937, to May 22, 1937.

I last saw h.e alive on May 22, 1937. Death is said to have occurred on the date stated above, at 4.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio vascular renal disease with hypertension	
Cerebral Hemorrhage	5/20/37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John J. Myers, M. D.

(Address) Church Home + Inf.

35789

HEALTH DEPARTMENT—CITY OF BALTIMORE

35789

CERTIFICATE OF DEATH

Registered No. 56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 9 mos 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Buczkowski (Col. [redacted] Citizen or Alien Veteran specify WAR

(a) Residence: No. 1224 S. Ellwood St., Ward. (If non-resident give city or town and State)

(If usual place of abode) Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Josef Buczkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Agnieszka Bejma

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislawa Buczkowska

(Address) 222 S Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date 5/26 19 37

19. UNDERTAKER John F Ryda

(Address) 28 11 Hudson St

20. FILED MAY 24 1937 [illegible] Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1937 to May 22, 1937

I last saw h.. alive on May 22, 1937 Death is said to have occurred on the date stated above, at 12 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1936
Other contributory causes of importance:	non

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Irvin Sauber M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

35790

CERTIFICATE OF DEATH

18F 35790

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 36-2 St. Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Ambrose

(a) Residence: No. 412 N. Franklintown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER FATHER

13. NAME Joseph T Ambrose

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Stella M.

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Joseph T Ambrose Jr
(Address) 412 N Franklintown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May 24 1937

19. UNDERTAKER Albert W Gregory
(Address) 440 E. 20th St

LD 1 MAY 24 1937 Huntington Williams MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937 to May 24, 1937

I last saw her alive on May 21, 1937. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum Shock	

Other contributory causes of importance:

Cerebral Abscess

5/8/37 Virginia [illegible]

Name of operation 5/21/37 Virginia [illegible] Date of

What test confirmed diagnosis [illegible] Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. L. [illegible] Hagerman, M. D.

(Address) Franklin Sq Hosp.

F 35791

35791 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. Calvert & Saratoga St., 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Nellie Walker

If U. S. Veteran specify WAR

(a) Residence: No. 1612 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 12 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER FATHER

13. NAME Paul Jones

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Bush

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Lillian Walker

(Address) 1612 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date 5/26/37

19. UNDERTAKER Norman Lumpkin

(Address) 3611 Pk. Ave.

Lexington Williams, M.D.

Registrar.

20. FILED MAY 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1937, to May 24, 1937

I last saw her alive on May 24, 1937 Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	May 18
Diabetes Mellitus	May 23

Other contributory causes of importance: Diabetes Mellitus

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Jones Jr. M. D.

(Address) Mercy Hospital.

35792 F 35792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Overlea 94-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Powell ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Diefel

(a) Residence: No. 4308 Powell ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C Diefel

6. DATE OF BIRTH (month, day, year) Jan 29 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Christian Schregel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Jennie Seiger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry C Diefel

(Address) 4308 Powell ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 5/25/37

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED ... 19... Registrar.

MAY 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937, to May 21, 1937

I last saw h... alive on May 21, 1937. Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael Fenwick M. D.

(Address) 2701 Eden St.

5793

HEALTH DEPARTMENT—CITY OF BALTIMORE 35793

CERTIFICATE OF DEATH

157-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 La Salle Ave Hosp (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daly, Cecelia Anne Ballman

If U. S. Veteran specify WAR .....

(a) Residence: No. 4505 La Salle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/26/37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
13 wks	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Ballman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret O'Keefe

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Daniel Ballman

(Address) 4505 - La Salle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5/24/37

19. UNDERTAKER George J. Roth & Son

(Address) 735 Hollins St

20. FILED MAY 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/26, 1937 to 5/23, 1937

I last saw he alive on 5/23, 1937 Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Secondary	
Hydrocephalus	

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas D Marsh M. D.

(Address) Bon Secours Hosp

5794

HEALTH DEPARTMENT—CITY OF BALTIMORE

V E 35794

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St. 15-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Epstein

If U. S. Veteran specify WAR

(a) Residence: No. 7002 Bryant ave St., Ward.

(Usual place of abode) (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (nr) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

OCCUPATION

8. Trade, profession, nr particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nochum Epstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wash. Rd. Cem. Date 5-25-37 19

19. UNDERTAKER Sol. Levin Bro.

(Address) 1439 E. Baltimore St

20. FILED MAY 24 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-17-37, 19..., to 5-23-37, 19...

I last saw him alive on 5-23, 1937. Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Generalized Arteriosclerosis	
Myocardial Failure	
Pulmonary Edema.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Rollins, M. D.

(Address) Sinai Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

5795 ✓ F 35795

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Schiesler

If U. S. Veteran specify WAR

(a) Residence: No. Long Beach Balto. Co. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 15 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Schiesler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Lang

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT George Schiesler (Address) 1115 S. Robinson St/

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Of Mary Date May. 26 1937

19. UNDERTAKER Lilly & Zeltmann (Address) 403 S. Wolfe St.

FILED MAY 24 1937 Huntington Wilkins, Registrar (Lilly)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-37 19

22. I HEREBY CERTIFY, That I attended deceased from 5-10-37 19 to 5-23-37 19

I last saw him alive on 5-23 19 37 Death is said to have occurred on the date stated above, at 12 10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	
Myocardial Failure	
Other contributory causes of importance:	
Bronchopneumonia	
Terminal Complication	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Rochem M. D.

(Address) Sinai Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

35796

CERTIFICATE OF DEATH

35796

1. PLACE OF DEATH St. Agnes' Hospital, Registered No.
CITY OF BALTIMORE: (No. Wilkens + Caton Aves. St. 25-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Edward Riley
If U. S. Veteran specify WAR

(a) Residence: No. Pasadena P.O., A.A. Co. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hilda Riley

6. DATE OF BIRTH (month, day, year) Feby 16th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	49	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Riley

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ida Reynolds

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hilda E. Riley wife
(Address) Pasadena P.O. A.A. Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery May 25 1937

19. UNDERTAKER Lilly & Fuller Inc.
(Address) 425 E. J. Wells St.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1937 to 5-22-, 1937
I last saw h[illegible] alive on 5-22-37, 1937 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Infarct	5-12-37
Bronchial Pneumonia	5-18-37

Other contributory causes of importance:
Rheumatic Cardio-Vasc. Disease

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis L. Llewellyn M. D.
(Address) St. Agnes Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

797

F 35797

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 BANK ST. St. 2-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. s. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ANNIE C. KINNERKER

(a) Residence: No. 1827 BANK ST St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HENRY KINNERKER

6. DATE OF BIRTH (month, day, year) JULY 25 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) PENN. PA

FATHER

13. NAME AUGUST KNOKEY

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME SOPHIE TUCKMILLER

16. BIRTHPLACE (city or town) (State or country) PENN. PA.

17. INFORMANT NETTIE S. EGAN (DAUGHTER)

(Address) 1827 BANK ST.

18. BURIAL, CREMATION, OR REMOVAL

Place MT. OLIVET CEM. Date May 24 1937

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 463 S. Wolfe St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy mitral insufficiency	
Acute Cardiac dilatation	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. F. Knight Coroner, M. D.

(Address) 1014 S. Ellwood Ave

S 6

F 35798

35798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp. (Ward) 20-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Lillian E. Wall

(a) Residence: No. 20 N. Pentalon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Frank Wall

6. DATE OF BIRTH (month, day, year) March 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME James McDowell

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frank Wall, Jr.,

(Address) 2243 Penrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date May 25, 19 37

19. UNDERTAKER Harry A. Pultz

(Address) 101 Pendleton Ave.

20. DATE RECEIVED 19 Registrar

MAY 24 1937 St. Stephen Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/6, 1937 to 5/23, 1937

I last saw h[illegible] alive on 5/20, 1937 Death is said to have occurred on the date stated above, at 3 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive C.V. disease	
Coronary thrombosis	
Cellulitis of arm	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas B. March, M. D.

(Address) Bon Secours Hosp

M. D. B. 1268-9

F 35799

5799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2351 Lauretta ave St., 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Brady

(a) Residence: No. 2351 Lauretta ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard H. Brody

7. DATE OF BIRTH (month, day, year): March 28 1862

8. AGE: Years 75 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bladensburg Md

13. NAME: Henry Harvey

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary Yoest

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): J. H. Brady 2351 Lauretta ave

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Cem. Annapolis Rd Date May 25 1937

19. UNDERTAKER: Geo W Little (Address) 2700 Edmondson Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., I last saw him alive on ..... 19..., Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	one year

Other contributory causes of importance:

Fell on floor Shock from fall

Name of operation: contusions Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accidental Injury ..... 19.....

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In her home

Manner of injury Fell of chair

Nature of injury Struck face & head.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson

HEALTH DEPARTMENT—CITY OF BALTIMORE

35800 F 35800

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2435 E. Oliver St., 8-3 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 2435 E. Oliver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freda J. Miller

6. DATE OF BIRTH (month, day, year) 6-25-1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Minnie Sohn

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Mrs. John C. Miller

(Address) 2435 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL Emmanuel Date May 25 1937

19. UNDERTAKER Fred W. Ecksworth

(Address) 1900 Eastern Ave

20. FILED 19 Registrar.

MAY 24 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937 to May 21, 1937

I last saw him alive on May 21, 1937 Death is said to have occurred on the date stated above, at 1 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Primary	3 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) 1701 Warwick Avenue

M. D. B. 1268-9

✓ F 35801

35801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N. Rose St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 43 yrs. ... mos. ... ds.

2. FULL NAME CORNELIUS – METZGER

(a) Residence: No. 704 N. ROSE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Metzger

6. DATE OF BIRTH (month, day, year) Sept 17 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) ...

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Barbara Metzger
(Address) 704 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY CROSS Date May 25 1931

19. UNDERTAKER Elizabeth Hurle Inc.
(Address) 115 E. Preston St.

5-24-1931 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931 to May 22, 1931

I last saw him alive on May 14, 1931 Death is said to have occurred on the date stated above, at 12 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Julius H. Goodman M. D.

(Address) 3400 E. Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35802 — CERTIFICATE OF DEATH — 82-F 35802

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 Gilmor St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Isabell Hawkins

(a) Residence: No. 1223 Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel Hawkins

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 5 37

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) White Stone Va.

MOTHER FATHER

13. NAME James Baskerville

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Tyson
(Address) 1223 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place M Auburn Date May 26 1937

19. UNDERTAKER Sam'l R. Bagwell Son
(Address) 638 N. Gilmor

20. FILED 24 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-6 1937 to 5-23 1937

I last saw her alive on 5-22 1937. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 5-6-37

Other contributory causes of importance:

arterio sclerosis and hypertension — Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank H. Hamilton, M. D.

(Address) 1029 N. Stricker St.

VF 35803

35803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 E. Hoffman St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August P. Vaeth.

If U.S. Veteran specify WAR

(a) Residence: No. 2305 E. Hoffman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Vaeth

6. DATE OF BIRTH (month, day, year) March 9, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Phillip Vaeth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edgar Vaeth
(Address) 1500 W. Rogester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 25 1937

19. UNDERTAKER Henry W. Meadows Son.
(Address) 80 W. Calvert St.

24 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to May 23, 1937

I last saw him alive on May 23, 1937 Death is said to have occurred on the date stated above, at 9:30 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac & Respiratory Paralysis	May 23
Other contributory causes of importance: Aortic Regurgitation	prior May 1

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. E. Hoffman M. D.

(Address) 1301 N Patterson Park Ave

M. D. B. 1268-9

✓ F 35804

35804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Lafayette Ave. Ward 27-13)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Ela O'Reardon

(a) Residence: No. 3 St. John's Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel O'Reardon

6. DATE OF BIRTH (month, day, year) Aug. 28, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lowell Mass

FATHER

13. NAME Horace Stevens

14. BIRTHPLACE (city or town) (State or country) Newmarket N. H.

MOTHER

15. MAIDEN NAME Mary Ann Rodgers

16. BIRTHPLACE (city or town) (State or country) Boston Mass.

17. INFORMANT Mrs. Gertrude O. Drechsler

(Address) 3 St. Johns Rd.

18. [redacted] Place St. Mary's Annapolis Md. Date May 25, 1937

19. UNDERTAKER Henry H. Jenkins Sons

(Address) McCulloh & Orchard Sts

20. FILED MAY 24 1937 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to May 23, 1937.

I last saw her alive on May 22, 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Cerebral Hemorrhage	1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W. Parsons, M. D.

(Address) Tudor Arms Apts

F 35805 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35805

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St. H 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louie Egleston

If U.S. Veteran specify WAR .....

(a) Residence: No. 935 W Mulberry St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 1909

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston S C

13. NAME Willie Egleston

14. BIRTHPLACE (city or town) (State or country) S C

15. MAIDEN NAME Carrie Kinsler

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Hattie Kennedy

(Address) 1009 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Winston S C Date 5/24/37. 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 1 W Montgomery St

DATE 5/24 1937 Signature [illegible] Williston, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-19-37. 19 to 5-23-37. 19

I last saw him alive on 5-23-37. 19. Death is said to have occurred on the date stated above, at 4.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tbc.	
	abt

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. P. Stubbs M. D.

(Address) Md Gen Hosp

M. D. B 1268-9

F 35806 F 35806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32-2 210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital (Ward).

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Stanley B. Jones. (c)

(a) Residence: No. 409 W. Lee St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 18, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Victor Jones. (c)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Lillian Vaughan. (c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Lillian Jones (c) mother.
(Address) 409 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5/25/37 19

19. UNDERTAKER David L Burrows & Son
(Address) 1 of W Montgomery St

20. FILED ..... 19 ..... Registrar

24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures of bones of the body	
Probable fracture of the skull	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 21/37 19.....

Where did injury occur? Lee & China Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street

Manner of injury Ran into side of Auto truck

Nature of injury Multiple Fractures

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Otto A Reinhardt M. D.
Coroner

5/24/37 (Address) 1017 S. Charles St.

35807

HEALTH DEPARTMENT—CITY OF BALTIMORE

35807

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Eager St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Price

(a) Residence: No. 1518 Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Gerogey Price

6. DATE OF BIRTH (month, day, year) Feb 4- 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Allen Alston

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Morning Whitehead

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Alice Rogers
(Address) 910 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Littleton N C, Date May 24, 1937

19. UNDERTAKER Mrs Pol. A Elliott-Haughton
(Address) 1129 N Gardenia st

20. FILED 19 Registrar.

~~1931~~ ~~Huntington Williams, MD~~

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobular Pneumonia	May 16 1937
Other contributory causes of importance: Cerebro Pyorrhea	May 14

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George L. Allen Coroner, M. D.

(Address) 507 Augusta St

✓ F 35808

35808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Valley St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Theresa Rose

If U. S. Veteran specify WAR

(a) Residence: No. 1017 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 30, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Henry Rose

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary O'Shannahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elz. Rose
(Address) 1017 Valley St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 25 1937

19. UNDERTAKER Rita Winfield
(Address) 914 Gruminger Ave

24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1937, to April 22, 1937

I last saw her alive on 5/22, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	2 yrs

Other contributory causes of importance:

Exhaustion

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Amelia E. Link M. D.

(Address) 1717 N. Caroline St.

5809 F 35809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22322

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ..... St., Bethesda City Hospital 16-8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 8 yrs. ..... mos. ..... ds.

2. FULL NAME Ursola Recchia
If U. S. Veteran specify WAR .....

(a) Residence: No. 3917 E. Pratt. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Recchia

6. DATE OF BIRTH (month, day, year) 3-9-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	7 2	20 14	

47

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Constantino Recchia

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Genevieve Macchia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 26 1937

19. UNDERTAKER Frank Wells Holl
(Address) 52 N. Motley St.

20. FILED 19 Registrar.

MAY 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31 1937 to May 23 1937

I last saw her alive on May 23 1937 Death is said to have occurred on the date stated above, at 1 00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Vulva with Metastasis	1935
Other contributory causes of importance:	

Was an operation performed? Yes. Date of 1935

For what disease or injury? Sarcoma of Vulva

Name of operation Vulvectomy No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Dem H Feldman M. D.

(Address) Balto. City Hospitals.

35810 F 35810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1447 Patapsco St., 23-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen C. Grams

If U.S. Veteran specify WAR ...

(a) Residence: No. 1447 Patapsco St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Grams

6. DATE OF BIRTH (month, day, year) Aug 10. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Passenger Car Repair Shop

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Fredrick Co Md

13. NAME John Grams

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maria Eckert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles Grams

(Address) 1447 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date May 26 1937

19. UNDERTAKER Margaret A. Flynn

(Address) 1425 Light St

20. FILED

MAY 24 1937

Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 1/37. 19.. to May 23/37 . 19

I last saw him alive on May 23/37. 19.. Death is said to have occurred on the date stated above, at 2:30 a

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Cerebral)	May 1/37
Other contributory causes of importance: Hypertension	about

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry B. Coltman M. D.

(Address) 1203 Eye

35811

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 25811

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St., 6-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry M. Adams (ADAM) If U. S. Veteran specify WAR

(a) Residence: No. 143 Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 20 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME George W. Adams

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Marion E. Adam

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Adam

(Address) 143 N. Milton ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date May 26 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 1422 Light St

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937 to May 23, 1937

I last saw him alive on May 23, 1937 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-15-37
Other contributory causes of importance:	
Hypertension	
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St Josephs Hospital

35812 E 35812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23732--CM

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 24-4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Joseph Kirby

(a) Residence: No. 1729 William St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dollie

6. DATE OF BIRTH (month, day, year) 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles Kirby Balto md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Caroline Conway

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date May 26 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 1422 Light St

20. FILED 4 1937 Huntington Williams, R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1937 to 5-28, 1937

I last saw him alive on 5-28, 1937 Death is said to have occurred on the date stated above, at 3:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 7 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hosp.

35813

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35813

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 W. Lafayette Ave. St., 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah P. Littig

If U. S. Veteran specify WAR .....

(a) Residence: No. 227 W. Lafayette Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of C. Bosley Littig

6. DATE OF BIRTH (month, day, year) March 22 1855 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME James C. Worthington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Blanche Hall Lee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Pamela Littig Nicol
(Address) 227 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemy. 5/25/37

19. UNDERTAKER John J. Mitchell & Sons Inc.
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

1531

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 11 — 1937 to May 22 — 1937

I last saw her alive on May 22 . 1937 Death is said to have occurred on the date stated above, at 11:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	?
Arteriosclerosis	
Pulmonary Oedema —	May 21 —

Other contributory causes of importance:

Degeneration of Age —

Was an operation performed? No — Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify .....

(Signed) Chas. W. Lawrence M. D.

(Address) 1327 Park Ave.

35814 E 35814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 Bolton St. St. 14-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin Fisher

If U. S. Veteran specify WAR

(a) Residence: No. 1730 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida C. (Fisher) Bolton

6. DATE OF BIRTH (month, day, year) 4/5/53

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Phila. (State or country) Pa.

FATHER

13. NAME --- Unknown

14. BIRTHPLACE (city or town) (State or country) ---

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) (State or country) ---

17. INFORMANT Mrs. Albert H. Horner
(Address) 3418 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemy. Date 5/25/37 19

19. UNDERTAKER John D. Mitchell, Sons Inc.
(Address) 1900 Eutaw Place

20. [illegible] Registrar.

24 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23/37 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3 1936 to May 23 1937

I last saw him alive on May 22 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stokes Adams disease	May 16 1937
Other contributory causes of importance:	
Arteriosclerosis	4 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cervical sympathectomy

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. M. Gottlieb M. D.

(Address) 2433 Maryland Ave.

✓ F 35815

35815 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

× 23

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 Wabash Ave. St. 15-11 Ward)

Length of residence in city or town where death occurred 2 yrs. 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles T. Algire

(a) Residence: No. Blue Ridge Summit, Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Newman

6. DATE OF BIRTH (month, day, year) 3/14/67

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arcadia, Md.

MOTHER FATHER

13. NAME --- Unknown Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ---- Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) C. Gordon Algire 3800 Gelston Drive

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemy. Date 5/25/37 19

19. UNDERTAKER (Address) C. J. Mitchell & Sons 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/37, 19

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937, to May 22, 1937.

I last saw him alive on May 22, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1917
Renal Tuberculosis	1933
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 1937

For what disease or injury? Prostatic Hypertrophy

Name of operation Transurethral Resection

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Hugh G. Whitehead, M. D.

(Address) 11 E. Chase St.

H. D. B 1268-9

F 35816

35816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Herbert Martindale

(a) Residence: No. 1302 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced -(write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 yrs.	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stock clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wholesale pharmacy

10. Date deceased last worked at this occupation (month and year) May 13, 1937

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Henry Harrison Martindale

14. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

MOTHER

15. MAIDEN NAME Henrietta M. Jones

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT Brother
(Address) Mr. Justin Martindale

18. BURIAL, CREMATION OR REMOVAL
Loudon Park Date May 25 1937

19. UNDERTAKER John Carmichael Ford
(Address) 1900 Eutaw Place

MAY 24 1937

Lexington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to May 23, 1937

I last saw him alive on May 23, 1937 Death is said to have occurred on the date stated above, at 12:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic, non valvular heart disease (myocarditis)	1930
Arteriosclerosis	
Hypertension	
Other contributory causes of importance:	
Arteriosclerotic encephalopathy	1937

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Theodore Doss, M. D.

(Address) 907 N. Charles St.

F 35817

HEALTH DEPARTMENT—CITY OF BALTIMORE

35817

CERTIFICATE OF DEATH

46-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs George Chaney

(a) Residence: No. ... Woodbine, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Minnie Chaney.

6. DATE OF BIRTH (month, day, year) July 3 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Eaton.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Basil T. Chaney

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Mary Forman

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs. Minnie M. Chaney.
(Address) Woodbine Md.

18. BURIAL, CREMATION, OR REMOVAL Place Morgan Chapel Cemy Date May 27. 1931

19. UNDERTAKER C. M. Watts
(Address) Winfield, Md.

20. FILED ... Huntington Williams, M.D.
MAY 24 1931 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1931 to May 24, 1931

I last saw him alive on May 24, 1931 Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach.	

Other contributory causes of importance:

Was an operation performed? Yes Date of May 1-1931

For what disease or injury? Carcinoma of stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph E. Bruch M. D.

(Address) Winfield, Md.

35818 F 35818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 North Pearl St. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George W. Reckard

(a) Residence: No. 24 North Pearl Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 13, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County

FATHER

13. NAME Greenberg L. Reckard

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Bell

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT George A. Reckard
(Address) 24 North Pearl St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 5-26-37 19

19. UNDERTAKER John C. Miller for E. Armacost
(Address) 2435 East Eliver St.

20. FILED 19 Registrar.

4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937 to May 23, 1937

I last saw h alive on May 22 1937 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	May 20
Other contributory causes of importance: Pulmonary Edema	May 22

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Shoemaker, M. D.

(Address) 1713 No. Fayette

F 35819

35819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Johns St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A Brandiman

If U. S. Veteran specify WAR .....

(a) Residence: No. 1507 Johns St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A Brandiman

6. DATE OF BIRTH (month, day, year) Feb 8 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William O'Donnell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Joseph A Brandiman

(Address) 1507 Johns St

18. BURIAL, CREMATION, OR REMOVAL. Place Cathedral Cemetery May 25 1937

19. UNDERTAKER Easton Sons

(Address) Elliott City

20. FILED May 24 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... died that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Due to the result of Influenza Cardiac Failure

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 5 22 1937

Where did injury occur? 1507 Johns St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Burning furnishings in home

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1215 Hanover

35820 F 35820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 27-12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 Tunbridge Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore A. Richards

If U.S. Veteran specify WAR

(a) Residence: No. 337 Tunbridge Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F. Richards

6. DATE OF BIRTH (month, day, year) Dec. 26, 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset County Maryland

13. NAME John S. Richards

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Powell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Col. Walter L. Richards 337 Tunbridge Road

18. BURIAL, CREMATION, OR REMOVAL Place Pocomoke City, Md. Date May 25, 1937

19. UNDERTAKER (Address) E. Leroy Steffler, Inc. 125 E. North Ave

25 1937 Pocomoke City, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28- 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20- 1937 to May 28- 1937

I last saw h[illegible] alive on May 28- 1937 Death is said to have occurred on the date stated above, at 6-25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Infirmities of age.	[illegible]
2. Cerebral Hemorrhage	

Other contributory causes of importance: None

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) J. J. Figueras My MC M. D.

(Address) Gen. Dispensary Balt. Co

Figueras May Med Cert

M. D. B. 1265-9

35821

F 35821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210M

Registered No. 20-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify War No Record

2. FULL NAME James W. Howard. Sr.

(a) Residence: No. 22 N. Ellamont St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Blanche E. Howard.

6. DATE OF BIRTH (month, day, year) October 23 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in Art supplies.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James B. Howard.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emily W. Winchester.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Arthur C. Howard. (son)
(Address) 329 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 25th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

25 1937 Arlington Millard, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937 10

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of the Liver	
Fracture of right ankle	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident May 23/37 Date of injury , 19

Where did injury occur? Balto. Hilton Abbington
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Struck by auto crossing St

Nature of injury As stated above

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Reinhardt Coroner, M. D.

5/24/37 Address 1017 S. Charles St.

35822 E 35822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1180

Registered No. .....

1. PLACE OF DEATH Md Gen. Hospital, 14-1 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Williamson If U. S. Vet. specify WAR No Record

(a) Residence: No. 1507 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie McFadyen Williamson

6. DATE OF BIRTH (month, day, year) June 3 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William H. Williamson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Lyden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Edward Williamson (Address) 2420 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Date May 25th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ..... Registrar

MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereof and from the evidence (Inquest, Autopsy or Inquiry) caused by said ..... and that said deceased came to death on the day stated above. 12.40 pm,

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Coma as the result of	
b. Burns and asphyxiation	
c.	
d.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident, Date of injury 5/22 1937

Where did injury occur? 1507 Eutaw St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Burned in bed

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Fay Gardner M. D. Coroner

(Address) 1216 Hamilton Bldg

35823

F 35823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue St., 8 Ward)

Registered No. 1770

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Annie Wagmaier

(a) Residence: No. 1240 N Washington St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew.

6. DATE OF BIRTH (month, day, year) Dec. 21 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Peter Ehrn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ann

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Frank Wagmaier

(Address) 1240 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date May 26 1937

19. UNDERTAKER Henry Heck Sons Inc

(Address) 301 E Eager St

[illegible] Washington Blvd

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-13-1937, to 5-24-1937

I last saw h[illegible] alive on 5-24-1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy,	
Cerebral hemorrhage,	

Other contributory causes of importance:

Coronary Embolism, | |

Was an operation performed? Yes Date of 5-17-37

For what disease or injury? Cerebral hemorrhage, + Cerebral hemorrhage,

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. J. Williams M. D.

(Address) Md. General Hospital

F 35824

35824 HEALTH DEPARTMENT—CITY OF BALTIMORE #23705

CERTIFICATE OF DEATH

V 82-a SF

DUPLICATE

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Josephine Cugliotta

(a) Residence: No. 1121 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip

6. DATE OF BIRTH (month, day, year) 12/13/1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Vincents Date May 25 1937

19. UNDERTAKER Albert W Deegan

(Address) 440 E 20th St

20. FILED MAY 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1937 to 5-21, 1937

I last saw h alive on 5-21 1937 Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral Hemorrhage	2 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M.D.

(Address) Baltimore City Hosp

35825

329252

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35825

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Almeda Travers

If U. S. Veteran specify WAR .....

(a) Residence: No. 205 N. Durham St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/24/25

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schol

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Travers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Blanche Edmund

16. BIRTHPLACE (city or town) (State or country) Conn.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 25 . 1937

19. UNDERTAKER Robert E Williams

(Address) 15 15 McCulloh St

..... 19..... Registrar

MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May-16- , 1937, to May 21 , 1937

I last saw h.. alive on May-21 , 1937. Death is said to have occurred on the date stated above, at 7.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	May 9
Other contributory causes of importance:	
Pneumonia	"

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Charles A. Janeway . M. D.

(Address) Johns Hopkins Hosp.

35826

F 35826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 n Eden St. 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella V Young

If U. S. Veteran specify WAR .....

(a) Residence: No. 918 n Eden St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Young

6. DATE OF BIRTH (month, day, year) July 24-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Hergesheimer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Daniel Young

(Address) 918 N Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 25, 1937

19. UNDERTAKER Robert F Mathias

(Address) 18-18 N Calvary St

Huntington Williams, MD Registrar.

MAY 25 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Influenza	Mar 1 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Collins, M. D.

Coroner

(Address) 50 Saratoga St

35827 F 35827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1221 St James St 10-7 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Shirley Lee Robinson

(a) Residence: No. 1221 St James St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Jan 14 1936~~

6. DATE OF BIRTH (month, day, year) Mar 14-1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Edward Robinson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elizabeth Robinson Wife

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Elizabeth Robinson

(Address) 1221 St James

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 25 1937

19. UNDERTAKER Robert F McElligon & Son

(Address) 1518 Eutaw St

20. FILED May 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to May 23 1937

I last saw h[illegible] alive on May 23 1937 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia (Primary)	May 21 1937
Other contributory causes of importance: Pertussis	April 15 37

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George C. Cullen, M. D.

(Address) 542 Cathedral St

M. D. B 1268-9

35828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-F 35828

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 7/5 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U S Veteran

2. FULL NAME Arthur Green specify WAR

(a) Residence: No. 1829 E. Madison St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Susie A. Green

6. DATE OF BIRTH (month, day, year) July 22, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 604

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Green

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Susie A. Green

(Address) 1829 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place ship to Blackstone Va Date 5-26-1931

19. UNDERTAKER R. A. E. Mill & Daughter

(Address) 1129 N. Carrollton Ave.

MAY 25 1937 [illegible] Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. H. Normen M. D.

Coroner

(Address) 2757 W. Fayette St.

35829 F 35829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23730 JS

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elmer Button

(a) Residence: No. 125 N. Kresson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Button

6. DATE OF BIRTH (month, day, year) 10-31-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Button

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Jean

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cemetery Date May 26, 1937

19. UNDERTAKER John F. Fridan (Address) 3000 E. Balto St.

20. FILED 5-25-1937 19 Eugene F. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1937 to 5-23 1937

I last saw him alive on 5-23 1937 Death is said to have occurred on the date stated above, at 7.24 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	2-3 yrs.
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramsey

(Address) Baltimore City Hosp.

M. D. B. 1265-9

35830

Spruear

F 35830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-3 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Butler Spruear if U. S. Veteran specify WAR .....

(a) Residence: No. 807 Leirce St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry S. Spruear

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ed. Butler

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Calhoon

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary E. Butler
(Address) 807 Leirce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date May 25, 1937

19. UNDERTAKER Mrs. Nettie E. Williams
(Address) 322 E. Lexington St.

Lexington Williams, Jr.
(Signature)

MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) O. H. Calhoun M. D.
Coroner

(Address) 3737 Eutaw Pl

35831 HEALTH DEPARTMENT—CITY OF BALTIMORE 35831

CERTIFICATE OF DEATH

✓131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 W. Ostend St. St., 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caroline Rithmiller

(a) Residence: No. 17 W. Ostend St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Rithmiller

6. DATE OF BIRTH (month, day, year): Oct 7 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Lorenzo Roehmer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Amelia Stengler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Rithmiller
(Address): 17 W. Ostend St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: 5/25 19 37

19. UNDERTAKER: J. Few McCully
(Address): 130 E. FORT AVE

20. FILED MAY 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1935 to May 22, 1937

I last saw her alive on May 21 1937 Death is said to have occurred on the date stated above, at 9.30 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	Oct. 25, 1935.
Other contributory causes of importance:	
Uraemia	10 days

Was an operation performed? no Date of .....

For what disease or injury? - - -

Name of operation - - - -

What test confirmed diagnosis? D. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover St.

35832

HEALTH DEPARTMENT—CITY OF BALTIMORE

35832

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Vicorico St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna H. Howard

(a) Residence: No. 1137 Vicorico St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of late Samuel L. Howard

6. DATE OF BIRTH (month, day, year) May 15, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George F. Meyer

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Hester Agle

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT Mrs. Eunice Stansfield
(Address) 2532 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May 25, 1937

19. UNDERTAKER Harry F. Luitz
(Address) 101 Hampden Ave.

20. FILED MAY 25 1937 at E. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 21, 1937

I last saw her alive on May 21, 1937 Death is said to have occurred on the date stated above, at 9.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	1 day
Hemiplegia - Cerebral Hemorrhage	3 months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Cerebral Findings

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) 916 Eutaw St.

Louis J. Sloss

F 35833

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35833

CERTIFICATE OF DEATH

23

Registered No. 6-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Dallas St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dennis Crawley

(a) Residence: No. 109 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crawley

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63. 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) | 10a. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Dennis Crawley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Barnes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Crawley

(Address) 109 N Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date May 26. 1937

19. UNDERTAKER John W Henderson

(Address) 130 Aisquith st

20. FILED 25 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 10. 1937 to May 23. 1937

I last saw him alive on May 22. 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Phthisis

Date of onset

Other contributory causes of importance:

Labor Pneumonia

suspected Injection

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Edward Fisher M. D.

(Address) 1612 E. Monument

F 35834

F 35834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 918 Valley St. 10th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Landerkin

If U. S. Veteran specify WAR

(a) Residence: No. 918 Valley St., 10th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Landerkin

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 yrs	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 5/37

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Nicholas Redmond

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John J. Landerkin Son

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Holly Redmond Date May 27, 1937

19. UNDERTAKER Edwin W. Conkling Son

(Address) 1600 Eager St.

20. FILED 19

25 1937 [illegible] Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1112 E. North ave.

35833

✓ F 35835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Jenkins Memorial Hospital 1000 Eaton Ave St. 25-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Annie Tingley

(a) Residence: No. Jenkins Memorial Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Tingley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp (Address) 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 5/25, 1937

19. UNDERTAKER Henry H. Mears and Son (Address) 505 N. Calvert St.

20. FILED [illegible] Registrar.

MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1936 to May 24th, 1937

I last saw her alive on May 23rd, 1937 Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertensive Cardio-vascular Disease.	1925.
Cardio-Vascular Failure	5-10-37.

Other contributory causes of importance:

Senility
Old Hemiplegia Rt.

Name of operation No Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis G. Llewelyn M. D.
(Address) Jenkins Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35836 — CERTIFICATE OF DEATH — 23 F 35836

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 909 Eastern Ave. St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Cirelli — If U.S. Veteran specify WAR ...

(a) Residence: No. 909 Eastern Ave. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Cirelli

6. DATE OF BIRTH (month, day, year): Aug 30. 1908

7. AGE: Years 29 | Months 7 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Charles Cirelli

14. BIRTHPLACE (city or town) (State or country): Italy.

MOTHER

15. MAIDEN NAME: Mary Matarita

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Lucy Cirelli

(Address): 909 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: May 26 37

19. UNDERTAKER: Wendell F. Hilpert

(Address): 1405 [illegible]

MAY 25 1937 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16 . 1937 to May 23 . 1937

I last saw h.. alive on May 23 . 1937 Death is said to have occurred on the date stated above, at 9-05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	1935
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ...

If so, [illegible]

(Signed) Anthony Lozza M. D.

(Address) 244 Stricker St

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

35837 CERTIFICATE OF DEATH 48 F 35837

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Patterson Park St., 7-3 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 29 yrs. mos. ds.

2. FULL NAME Luisa Ricciuti

(a) Residence: No. 805 N. Patterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alessandro Ricciuti

6. DATE OF BIRTH (month, day, year) Dec. 6 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bisenti Italy

FATHER

13. NAME Alessandro Catitti

14. BIRTHPLACE (city or town) (State or country) Bisenti Italy

MOTHER

15. MAIDEN NAME Albina De Flaviis

16. BIRTHPLACE (city or town) (State or country) Bisenti Italy

17. INFORMANT Alessandro Ricciuti (Husband)
(Address) 805 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. May 27 1937

19. UNDERTAKER Frank Weller Mort
(Address) 52 N. Motley St.

Huntington Williams M.D.
Registrar

20. FILED MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23- 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-4- 1936 to 5-23- 1937

I last saw her alive on 5-22 1937 Death is said to have occurred on the date stated above, at 11A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus cervix & Vaginal wall involving the bladder —

Date of onset abt 6-4-36

Other contributory causes of importance:

metastasis & sepsis.

Name of operation: non. What test confirmed diagnosis? microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) S. Iannaccone M.D.

(Address) Medical Arts Bldg

23530 KB ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35838 — CERTIFICATE OF DEATH — 13 F 35838

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospital St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Newton — If U. S. Veteran specify WAR

(a) Residence: No. 1916 W. Lexington St. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-27-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	81	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William Newton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Armitage

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date 5/23/37

19. UNDERTAKER Geo. L. Beyer (Address) 1512 Hollins St

20. FILED 5 25 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1937 to 5-23, 1937

I last saw her alive on 5-23, 1937 Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

Uraemia Glomerulo nephritis — Date of onset ?

Other contributory causes of importance:

Arteriosclerosis, General Senility two

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) F. L. Carpenter M. D.

(Address) Balto. City Hosp.

F 35839 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35839

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 E. Preston St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3a yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Owen

If U. S. Veteran specify WAR

(a) Residence: No. 214 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Owen

6. DATE OF BIRTH (month, day, year): Oct. 1, 1852

7. AGE: Years 84 | Months 7 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Rooming House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): London England

FATHER

13. NAME: Thomas Owen

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Nettie Ethel Lee

(Address): 214 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem. Date: May 26 1937

19. UNDERTAKER: Wm. H. Tickner Sons.

(Address): Front & Fe Aves.

20. FILED: 19 Lester Williams Registrar

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 - 1937 to May 23 - 1937

I last saw h.. alive on May 10 - 1937. Death is said to have occurred on the date stated above, at 1040 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 2-37
Other contributory causes of importance: Acute Dilatation of Heart	5/23/37

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E Dale Hall M. D.

(Address) 1031 E North Ave

F 35840

V

F 35840

V. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 15-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME May Stup.

(a) Residence: No. 1649 Thomas Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~Widowed, or Divorced~~ HUSBAND (or) WIFE of Charles R. Stup.

6. DATE OF BIRTH (month, day, year) May 23, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover Pa.

FATHER

13. NAME Andrew J. Johnson.

14. BIRTHPLACE (city or town) (State or country) Hanover, Pa.

MOTHER

15. MAIDEN NAME Alice Grumbein.

16. BIRTHPLACE (city or town) (State or country) Hanover, Pa.

17. INFORMANT Charles R. Stup. (husband)
(Address) 1649 Thomas Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Park Date May 25, 1937

19. UNDERTAKER Wm. J. Tschudy & Son
(Address) Walbrook, Md.

20. FILED MAY 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis.	
Turning over of Automobile driven by her Husband	Apr. 29/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Apr. 29/37 19.....

Where did injury occur? Liberty Hgts. Ave. near Eldersburg, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Over turning of Auto, Liberty Hghts Road.

Nature of injury As stated above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. H. Heimlich, M. D.
Coroner
5/24/37 (Address) 1017 S. Charles St.

35841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-2

F 35841

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Broome Allen St. 5-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Parker

(a) Residence: No. 303 Broome Allen St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT William Stewart

(Address) 303 Broome Allen

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 5-25- 1937

19. UNDERTAKER Byron & Francis H. Wright

(Address) 222 Mc Elderry St

20. FILED ... 19 ... Registrar

MAY 25 1937 Eugene Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence adduced by said inquest, Autopsy or Inquiry, find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 23 1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George L. Allen M. D.

Coroner

(Address) 50 Aisquith St

35842 345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35842

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dominick Primo

If U. S. Veteran specify WAR .....

(a) Residence: No. Man W Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Joan Primo

6. DATE OF BIRTH (month, day, year) 12/27/76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner — coke

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Camille Primo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Logan Memorial Cem. May 25 1937
Logan W. Va.

19. UNDERTAKER Milton Schilling
(Address) 1122 E. Monument St

20. FILED ..... 19 ..... Williamson, W Va

MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937 to May 24, 1937

I last saw h— alive on May 24, 1937 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Obstruction ① Superior Vena Cava	18 days
② Trachea ③ Oesophagus	ago
a From Mediastinal Tumor	
-a Sarcoma - Primary? Secondary?	

Other contributory causes of importance:

Tumor - Sarcoma of Intestine & Ileo Caecal Region

Was an operation performed? No Date of —

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? → Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Richard Ferguson M. D.

(Address) Johns Hopkins Hosp.

23696 EB ✓ F 35843

35843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 51 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Wagner

(a) Residence: No. 1001 S. Kenwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salomea

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cobler ~~Unknown~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL OR CREMATION ~~Mt. Lebanon Cemetery~~ Date May 26 1937

19. UNDERTAKER Stephen J. Fealhouse Inc
(Address) 1000 S. Kenwood Ave

20. FILED ..... 19..... Registrar.

Apr 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-19-1937 to 5-22-1937

I last saw him alive on 5-22 1937 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

35844 F 35844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030-E. 36th Street St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thomas Bavis

If U. S. Veteran specify WAR no

(a) Residence: No. 1030-E. 36th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith L. (Kirby)

6. DATE OF BIRTH (month, day, year): 9/19/1871

7. AGE Years	Months	Days	If LESS than 1 day XZZZZ or min.
65	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Thaler Mfg. Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: James T. Bavis

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary A. Dunn

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Robert L. Bavis
(Address): 1030-E.36th Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem. Date: 5/26/37. 19

19. UNDERTAKER: George J. Ruth, Inc.
(Address): 1735-Harford Ave.

20. FILED 19 Registrar.

MAY 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23rd, 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 17, 1937, to May 23rd, 1937.

I last saw h[illegible] alive on May 23, 1937. Death is said to have occurred on the date stated above, at 7 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertension and	
Chronic Endocarditis	1 17 37
Other contributory causes of importance:	
Acute Pulmonary Edema	5/20/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

35845 E 35845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Castle St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 31 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph E. Kniha

(a) Residence: No. 802 N. Castle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sat Kniha

6. DATE OF BIRTH (month, day, year) Sept 16, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottler 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Kniha

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Sat Kroun

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Julius Geran (Address) 802 N Castle st

18. BURIAL, CREMATION, OR REMOVAL

Place Cath Hill Date May 26 1937

19. UNDERTAKER Frank Kovarik & Son (Address) 1406 Eastern Ave

20. FILED ... 19... Registrar

MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1934 to May 24 1937

I last saw him alive on May 22 1937 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis —	?
generalized	
Hypertrophy & Degeneration	1935
of Heart	?
Hypertension	
Other contributory causes of importance:	
Varicose Ulcer-left	
leg	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis T. Klines M. D.

(Address) 2623 E. Monument St

Balto Md.

✓ F 35846

35846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. Life ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Bender

(a) Residence: No. 706 N. Bradford St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Bender.

6. DATE OF BIRTH (month, day, year) Aug 2, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Joseph Novotny

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Zenda

(Address) 706 N Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 28, 1937

19. UNDERTAKER Frank Groch & Son

(Address) 1926 E Baltimore St

20. FILED MAY 25 1937 Thurlington Whitaker, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1937 to May 25 1937

I last saw ... alive on May 25 1937 Death is said to have occurred on the date stated above, at 7.15 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Pyonephrosis	
Uremia	
Other contributory causes of importance:	
Renal calculi	

Was an operation performed? no Date of —

For what disease or injury? 0

Name of operation 0

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Francis R Stephenson M. D.

(Address) St Joseph's Hospital

35847 E 35847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-e

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1189 N. Fulton St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thelma Cunningham

(a) Residence: No. 1118 N. Fulton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Solomon Cunningham

14. BIRTHPLACE (city or town) (State or country) Henderson N C.

MOTHER

15. MAIDEN NAME Cline Mitchell

16. BIRTHPLACE (city or town) (State or country) Western Salem N C

17. INFORMANT Alne Cunningham
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 25 1937 1937
Commissioner of Health

19. UNDERTAKER Per B. A. Moore
(Address) Washington Village Md

25 1937
VSG 3231

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) inquest find that said deceased came to her death on the day stated above. 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial decompensation	2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Gradual death Date of 2 days

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thos H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

✓ F 35848

5848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Schroeder St. 15-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Stevens

If U. S. Veteran specify WAR

(a) Residence: No. 1518 Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of N,

6. DATE OF BIRTH (month, day, year) Dec 15 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lewis H. Stevens

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Virginia Stevens

(Address) 1518 Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 25 1937 19

Commissioner of Health

19. UNDERTAKER Per U. A. Moore

(Address) Huntington Williams & Co

20. FILED 25 1937 3230

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 5-40 ann,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Adam Carouso M. D.

Coroner

(Address) 15-15 Hanover

35849 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35849

CERTIFICATE OF DEATH

93-c

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Brighton St. 16-7 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella A Donnell

(a) Residence: No. 3306 Brighton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul A Donnell

6. DATE OF BIRTH (month, day, year) Dec 4 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Foley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Falvin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Annie Taylor
(Address) 3306 Brighton

18. BURIAL, CREMATION, OR REMOVAL Alexandria Va May 26 1937

19. UNDERTAKER Boyce & Tulley
(Address) Fulton & Lafayette

20. FILED May 25 1937 Clayton Williams R. R. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937, to May 24, 1937

I last saw her alive on May 21, 1937. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	5/17/37
Other contributory causes of importance: Chronic myocarditis	?
Arteriosclerosis	?
senility	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Maurice E. Abrams M. D.

(Address) 3300 W. Fountain

35850

F 35850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Myra Kallmeyer

If U. S. Veteran specify WAR

(a) Residence: No. Frederick, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white.	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick J. Kallmeyer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John S. Quinn

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Miller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Date 5/27/37

19. UNDERTAKER C. E. Zinn
(Address) Frederick, Md.

20. FILED ... 19... ... Registrar.

MAY 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1937 to 5/25, 1937

I last saw her alive on 5/25, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Biliary Cirrhosis	
Chronic cholecystitis	
Other contributory causes of importance:	

Was an operation performed? Yes. Date of 5/24/37.

For what disease or injury? Cholecystitis

Name of operation cholecystotomy.

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) R. B. Bienen, M. D.

(Address) Univ. Hospital

35851 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35851

CERTIFICATE OF DEATH

✓ 89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Carter If U. S. Veteran, specify WAR No Record

(a) Residence: No. 715 Gantley St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 22, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month, day, year) 5/20/37

11. Total time (years) spent in this occupation 4 mos

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm. F. Carter

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Beulah Hayes

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Brother (Address) 715 Gantley St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 28th 1937

19. UNDERTAKER 4th Ward Colored (Address) 1217 St Paul St

MAY 29 1937 Burlington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-22-, 1937 to 5-25-, 1937

I last saw h. alive on 5-25-, 1937 Death is said to have occurred on the date stated above, at 12½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Pneumococcus Meningitis	5-21
b.	
c.	
d.	

Other contributory causes of importance:

Otitis media — May-

Was an operation performed? No Date of

For what disease or injury?

Name of operation Lumbar puncture

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Theodore Weinstein M.D.

(Address) Sydenham Hosp.

E 35852

35852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 6-5 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John L. Lovell

If U. S. Veteran specify War No Record

(a) Residence: No. 420 N. Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 6th 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Car Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) 5/9/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry L. Lovell

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Sophia V. Stansbury

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Grace Lovell (Address) 420 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL. Place Balto Date May 28th 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 19 Lexington Funeral Home, Inc.

MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1937 to May 25, 1937

I last saw him alive on May 26, 1937. Death is said to have occurred on the date stated above, at 3 30/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk
Other contributory causes of importance: Chronic Nephritis Uremia	? 1 wk?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R. Slothower M. D.

(Address) St Joseph's Hospital

35853 F 35853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3702 Greenmount Ave 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city nr town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Vet. specify War No Record

2. FULL NAME Mary O. Shipley

(a) Residence: No. 3702 Greenmount Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city nr town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Wm Oscar Shipley

6. DATE OF BIRTH (month, day, year) June 11 - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME Jesse

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Sarah Hood

16. BIRTHPLACE (city or town) (State or country) Sykesville Md

17. INFORMANT O. Carroll Shipley

(Address) 3702 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL Date May 26 1937

19. UNDERTAKER William Cook

(Address) 1207 St Paul

20. FILED MAY 26 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows: Senile Myocarditis — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John J Evans M. D.
Coroner

(Address) 612 N 40

35854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35854

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 W. North Ave) Ward 5-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie M. Debring

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3022 W. North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Joseph A Debring

6. DATE OF BIRTH (month, day, year) May 18th about

7. AGE: Years about 54; Months 0; Days 5; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles M. Parr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ella Richard

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Joseph A. Debring

(Address) 3022 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date May 26th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MAY 26 1937 H. E. Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10 1936 to May 23 1937

I last saw her alive on May 23 1937. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral and Aortic regurgitation and Stenosis.	1936
Other contributory causes of importance: Chronic Nephritis	5

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Symptoms & findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert E. Lee, M. D.

(Address) 3048 W. North Ave.

F 35855

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35855

93-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 156 Dolphin St. 17-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 94 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Rose Deans
If U. S. Veteran specify WAR .....

(a) Residence: No. 156 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: George Deans
6b. DATE OF BIRTH (month, day, year): June 17, 1843
7. AGE: Years 94 | Months 11 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto, Md

FATHER
13. NAME: George Maquette
14. BIRTHPLACE (city or town) (State or country): France

MOTHER
15. MAIDEN NAME: Watkins
16. BIRTHPLACE (city or town) (State or country): Indpn

17. INFORMANT: Edna Deans McCrait
(Address): 156 Dolphin

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 5-27-1937

19. UNDERTAKER: Chas. Alexander
(Address): 1236 Pennsylvania Ave.

MAY 25 1937 H. E. Lyon Williamsport, Md.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 24, 1937
I last saw her alive on May 24, 1937 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance	

Was an operation performed? None Date of —
For what disease or injury? None
Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?
(Signed) Charles T. Woodland M. D.
(Address) 861 Hanlon Bldg

35856 # 23414 EB F 35856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 27-10 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..da. How long in U. S. If of foreign birth? ..yrs..mos..da.

2. FULL NAME Shade Burkins

If U. S. Veteran specify WAR

(a) Residence: No. 712 McCabe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie (Deceased)

6. DATE OF BIRTH (month, day, year): 4-6-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
72	72	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Charles

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Sally Slade

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Vernon Cem. Hagerstown Md. Date: 5/27/37

19. UNDERTAKER: C. E. Crutchfield
(Address): Jarrettsville

20. FILED ..19.. [illegible]

MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-7-1937 to 5-25-1937.

I last saw him alive on 5-25-1937. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	5-2-37
Cholelithiasis	?
Chronic nephritis with uremia.	?
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-8-37

For what disease or injury? Acute Cholecystitis

Name of operation Drainage of Gall Bladder

What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Dele. Brantigan M. D.
(Address) Baltimore City Hosp.

35857 HEALTH DEPARTMENT—CITY OF BALTIMORE 35857

328156

CERTIFICATE OF DEATH 46-F

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ma. Benjamin Curtis (CURTIS.) If U. S. Veteran specify WAR

(a) Residence: No. 512 N. Main St St., Ward. Elizabeth Tem. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/24/72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Purchasing Agents.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME B. F. Curtis.

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Charlotte Cox

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL.
Place Elizabeth Tem Date 5/26 1937

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hoffman Ave

(Signature of Undertaker.)

MAY 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14 1937 to May 26 1937

I last saw h.im alive on May 26 1937 Death is said to have occurred on the date stated above, at 3 15 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas with generalized metastasis — Date of onset ?

Other contributory causes of importance:

Circulatory collapse

Was an operation performed? Yes Date of April 19; May 15 '37

For what disease or injury? Carcinoma of pancreas

Name of operation Explanatory lap.; Post. Gastro-enterostomy

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) W. Rayford Ferguson M. D.

(Address) Johns Hopkins Hospital

35858 F 35858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 William St. 24 Ward)

Length of residence in city or town where death occurred 68 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma E. Waite

(a) Residence: No. 914 William St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Richard P. Waite

6. DATE OF BIRTH (month, day, year) Feb. 6, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jesse Aring

14. BIRTHPLACE (city or town) (State or country) Not Knwon

MOTHER

15. MAIDEN NAME Barbara Hulleberry

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Richard P. Waite
(Address) 914 Willian St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date May 26, 1937

19. UNDERTAKER John J. Denny
(Address) 715 Light St.

20. FILED MAY 28 1937 Registrar. Withdrawn

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937.

22. I HEREBY CERTIFY, That I attended deceased from December 1936 to May 23, 1937

I last saw h.. alive on May 23, 1937 Death is said to have occurred on the date stated above, at 2.35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary Congestion	May 20

Other contributory causes of importance:

Myocarditis	
Hypertension - Senility	December 1936.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Isaac Hullen M. D.

(Address) 1224 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35859 35859

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH University Hosp. Registered No.....

CITY OF BALTIMORE: (No. 20-6 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Judith Rowe If U. S. Veteran specify WAR

(a) Residence: No. 1 North Rosedale St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank J. Rowe

6. DATE OF BIRTH (month, day, year) April 17, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York City
(State or country)

FATHER

13. NAME Frank Lelander

14. BIRTHPLACE (city or town) Sweden
(State or country)

MOTHER

15. MAIDEN NAME Anna Dahlgren

16. BIRTHPLACE (city or town) Sweden
(State or country)

17. INFORMANT Frank J. Rowe
(Address) 1 North Rosedale

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 5/26/37

19. UNDERTAKER Frederick A. Pole
(Address) 700 W. Lombard St

20. FILED MAY 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937 to May 24, 1937

I last saw her alive on May 24, 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	1932
Intermittent Hydrocephalus	1932
Other contributory causes of importance: Medullary failure	5/23/37

Was an operation performed? Yes Date of 5/23/37

For what disease or injury? Brain tumor

Name of operation Ventricular Puncture

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Murphy M. D.

(Address) University Hosp

35860 F 35860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs 1 mos 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William P. Halloran

(a) Residence: No. 2901 Presstman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Mar 9, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: William E. Halloran

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Catherine McEllgun

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT (Address): Mrs Carles A. Kiser 2901 Presstman Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date 5 / 27 / 1937

19. UNDERTAKER (Address): John J. Cowan & Son 901 Hollins Street.

20. FILED 5 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 / 25 / 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy, or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Interstitial Chronic gastritis + hepatitis (alcoholic)	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Ellwood Ave

35861

HEALTH DEPARTMENT—CITY OF BALTIMORE

35861

CERTIFICATE OF DEATH

√23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 4-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emmitt Keziah (23521) If U. S. Veteran specify WAR .....

(a) Residence: No. 723 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) August 26, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Shovel

10. Date deceased last worked at this occupation (month and year) Dec 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Frank (D)

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Julia Alurige (D)

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Hampden Date May 26 1937

19. UNDERTAKER Nuthorn & York
(Address) 217 E Fort Ave

MAY 26 1937 Lexington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 23, 1937

I last saw him alive on May 23, 1937 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	1931
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon H Feldman M. D.

(Address) Baltimore City Hospitals

35862 F 35862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-3

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sheldon M. Brown Jr.

(a) Residence: No. 1442 N. Bond St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Sheldon M. Brown Sr.

14. BIRTHPLACE (city or town) (State or country) Harford County Md.

MOTHER

15. MAIDEN NAME Helen McEntyre

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sheldon M. Brown, Sr.
(Address) 1442 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 5/26 1937

19. UNDERTAKER Richard F. Cooley F. Dyer
(Address) 1341 Gorsuch Ave

Filed ..... 1937 Registrar Washington Williams

5 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25/37. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
learned by said Inquest that said deceased came (Inquest, Autopsy or Inquiry)
his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial Hemmorhage (Falling birth)	5/22

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1912 E. North Ave.

Henry Barrett

HEALTH DEPARTMENT—CITY OF BALTIMORE

35863 CERTIFICATE OF DEATH 108 F 35863

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 N. Paca St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Barrett

(a) Residence: No. 639 Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Color	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—	17	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Barrett

14. BIRTHPLACE (city or town) (State or country) Albemarle Virginia

MOTHER

15. MAIDEN NAME Patsy Hill

16. BIRTHPLACE (city or town) (State or country) Albe. Virginia

17. INFORMANT James Barrett (Address) 457 St. Mary St.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Date May 27 1937

19. UNDERTAKER Adolphus Halstead (Address) 1 S. Eutaw St.

MAY 26 1937 19 Registrar.

Clayton Williams, 4 W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937, to May 25, 1937

I last saw him alive on May 24, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
None	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Pettet M. D.

(Address) 817 Hamilton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35864 ✓131 F 35864

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Whitney Avenue St. 2719 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AGNES V. CORCORAN

If U. S. Veteran specify WAR

(a) Residence: No. 2712 Whitney Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Aug. 28, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stephen Corcoran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cuff

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John J. Corcoran
(Address) 2712 Whitney Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date May 27 1937

19. UNDERTAKER Chas. P. Sauer & Son
(Address) 1600 McCulloh St., Baltimore, Md.

RECEIVED MAY 26 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1936 to May 24, 1937

I last saw her alive on May 24, 1937. Death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	3/24/36
	now
Other contributory causes of importance: Myocarditis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) John D Gilbert M. D.

(Address) 1803 Park Heights Ave

✓ F 35865

35865 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 W. Baltimore St. St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Herman J. Fischer

(a) Residence: No. 1806 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Fischer

6. DATE OF BIRTH (month, day, year) March 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Thersa Marx

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Dorothy Fischer Colwell

(Address) 2165 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 26, 1937

19. UNDERTAKER Vincent H. Cook

(Address) 1005 W. Baltimore St.

20. FILED Huntington Williams, M.D.

MAY 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936 to May 23 1937

I last saw him alive on May 22, 1937. Death is said to have occurred on the date stated above, at 9.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	5/23/37
Other pathological conditions (Right-Leg)	12/31/36

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James T. Ratzenberger, M. D.

(Address) Medical Arts Bldg.

M. D. B. 1268-9

F 35866

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35866

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

Registered No. 20-6

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James P. Faulkner. If U. S. Veteran specify WAR

(a) Residence: No. 3060 Stafford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 18, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME George L. Faulkner.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Florence Middleton.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT George L. Faulkner. (father)
(Address) Hanover, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 27, 1937

19. UNDERTAKER Geo. L. Lehnert
(Address) 212 Goodwood Ave

[illegible] Registrar.

MAY 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the Skull	
Fracture upper end of right Humerus	May. 14. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury May. 24/37 19

Where did injury occur? Halethorpe Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Passenger in stolen auto driven into a tree

Nature of injury As stated above

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt, M. D.
Coroner

5/25/37 (Address) 1017 S. Charles St.

De Fabio ✓ F 35867

35867 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 617 N. Robinson St., 7th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Richard de Fabio
(a) Residence: No. 617 N Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-25-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			3 hrs.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frank de Fabio City

FATHER
13. NAME Frank de Fabio
14. BIRTHPLACE (city or town) (State or country) City

MOTHER
15. MAIDEN NAME Anna Tana
16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Frank de Fabio
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 26 1937
19. UNDERTAKER Frank V. Pepetone
(Address) 2718 E Baltimore

20. FILED MAY 26 1937 H. Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-25- 1937 to 5-25- 1937
I last saw him alive on 5-25 1937 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:
Premature birth
abt 5 mos -

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Clinical Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify
(Signed) S. Duncan Attending Phy
(Address)

35868 # 23648 EB ✓ E 35868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME B. Girl Boyd

If U. S. Veteran specify WAR

(a) Residence: No. 711 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-18-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 days				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Hall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Corrine Boyd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cremated by B.C.H. Date 5/24 1937

19. UNDERTAKER BALTIMORE CITY HOSPITALS MAY 26 1937 Commissioner of Health

(Address)

20. FILED ... 19 ... For B. A. Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/18/37 to 5/21/37

I last saw ... alive on 5-21 1937. Death is said to have occurred on the date stated above, at 4.46P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Pneumonia (?)	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Kuday M. D.

(Address) Baltimore City Hospitals

MAY 26 1937 3235

M. D. B 1268-9

F 35869

F 35869 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20-4 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Frederick Stutz. If U. S. Veteran specify WAR

(a) Residence: No. 123 S Catherine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Eleanore Stutz.

6. DATE OF BIRTH (month, day, year) April 23,1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hat bleacher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland.

FATHER

13. NAME Gotfried Stutz.

14. BIRTHPLACE (city or town) (State or country) Switzerland.

MOTHER

15. MAIDEN NAME Lena Stief.

16. BIRTHPLACE (city or town) (State or country) Switzerland.

17. INFORMANT Eleanore Stutz.(wife)

(Address) 123 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 27, 37

19. UNDERTAKER Chas L Sparrs

(Address) 501 E Fort Ave.

20. [illegible] 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23,1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Accidental fall down stairway	5/23/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/23/37 19

Where did injury occur? 123 S. Catherine St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Fall down stairway.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? No. If ~~an accident~~

(Signed) Otto M. Reinhardt M. D.
Coroner

5/24/37 Address 1017 S. Charles St.

35870 F 35870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-3 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Israel M Roobin

If U. S. Veteran specify WAR

(a) Residence: No. Cordele Georgia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thelma

6. DATE OF BIRTH (month, day, year) June 17 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Louis Julius Roobin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Voniske

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Jacob B. Roobin Cordele Georgia

18. BURIAL, CREMATION, OR REMOVAL

Place Atlanta Ga Date May 26 1937

19. UNDERTAKER (Address) Sol Levinson & Bros 1127 E Balto St

20. FILED 19 ... Registrar

26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-21, 1937, to 5-25, 1937

I last saw h... alive on 5-25-1937. Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Chronic Nephritis	
Other contributory causes of importance: Chronic Nephritis	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William Raffel M. D.

(Address) Sinai Hospital

F 35871

M. D. B 1268-9

35871 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 E. Randall St. St. 23-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Groth.

(a) Residence: No. 30 E. Randall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~Married~~ Widowed, or ~~HUSBAND~~ of (or) WIFE of Henry Groth.

6. DATE OF BIRTH (month, day, year) May 3, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	82	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME George Schemm.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Anna Kilgour. (daughter)
(Address) 30 E. Randall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Schartz Cem. Date May 27, 19 37

19. UNDERTAKER R. Howard Evans
(Address) 1400 E. Lombard St.

20. [illegible] 19
Registrar.

MAY 26 1937

Washington Nationals, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

5/25/37 (Address) 1017 S. Charles St.

35872 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 35872

CERTIFICATE OF DEATH

125-B

Registered No. .....

(If death occurred in a hospital or Institution, give Its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) West Balto Gen'l Hosp. St., 12-6 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Miss Jennie Thomas

(a) Residence: No. 2512 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Patrick Thomas
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Catherine Irwin
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Emma Thomas
(Address) 1311 W. 42nd St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral May 27 1937

19. UNDERTAKER Albert Dorsey
(Address) 440 E Preston

FILED
MAY 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7 1937 to May 24 1937

I last saw her alive on May 24 1937 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple liver abscess	5/1/37

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/22/37
For what disease or injury? multiple liver abscess

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. Adam M. D.
(Address) West Balto Gen'l Hosp

F 35873

F 35873 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Fleetwood Ave. (Ward) 7

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Tietz

(a) Residence: No. 2817 Fleetwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fm	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Tietz

6. DATE OF BIRTH (month, day, year) 6-4-187[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Emelia Bauer

(Address) 2817 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Date 5-28-193[illegible]

19. UNDERTAKER Leonard Mayo

(Address) 2205 Harford Rd

20. FILED ..... 19.... Registrar.

MAY 26 1937 Lexington Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25/1937

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to May 25, 1937

I last saw h[illegible] alive on May 25, 1937 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	May 19 1937
Chr. Nephritis	1932
Chr. Endocarditis	1932
Other contributory causes of importance: Chr. Arteriosclerosis	1930

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. A. Alesse, M. D.

(Address) 6217 Harford Rd

35874 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 35874

CERTIFICATE OF DEATH

95-0

14314 JS. Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Baker

If U. S. Veteran specify WAR

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Baker

6. DATE OF BIRTH (month, day, year) 1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Sophie Keafer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 26 1937 19
Commissioner of Health

19. UNDERTAKER For W. A. Boore
(Address)

20. FILED 19 By
MAY 26 1937 3236

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1933 to 5-23, 1937

I last saw h. alive on 5-23, 1937 Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermittent Heart Disease (with cardiac failure)	3 yrs.
Thrombosis of left popliteal artery	6 hrs.
	4 days
Other contributory causes of importance:	
Arterial arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. L. Brautigan M. D.

(Address) Baltimore City Hosp.

(Dembeck) ✓ F 35875

35873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME August Dembeck

(a) Residence: No. 701 S. Lakewood Ave Ward.

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha Dembeck

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron

10. Date deceased last worked at this occupation (month and year) 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [redacted] Poland

FATHER

13. NAME August Dembeck

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Annie Tadajewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Martha Dembeck

(Address) 701 S Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL Date May 29 37

Place Oak Lawn

19. UNDERTAKER John J. Fuda & Son

(Address) 2811 Hudson St

26 1937 [redacted] Registrar.

H

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937 to May 25, 1937

I last saw h[redacted] alive on May 25, 1937. Death is said to have occurred on the date stated above, at 1 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene Rt. Leg	3 wks
Chronic Myocarditis	?
Other contributory causes of importance: Terminal Bronchopneumonia	3 days

Was an operation performed? yes Date of May 20, 1937

For what disease or injury? Gangrene of Rt. Leg

Name of operation Amputation of Rt. Leg

What test confirmed diagnosis? Gunter Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St Joseph's Hospital

M. D. B 1268-9

35876 ✓ F 35876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Jos. Walters

If U. S. Veteran specify WAR .....

(a) Residence: No. 947 W. Mulberry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL MAY 26 1937 19

Commissioner of Health

19. UNDERTAKER For B. L. Moore

(Address) Clayton Williams

MAY 26 1937 3237

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and (from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
Hemorrhage of Lungs	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature] M. D.

Coroner

(Address) 2357 N Rose

35877

HEALTH DEPARTMENT—CITY OF BALTIMORE

#23708

F 35877 SF

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 11-4 Ward)

37 yrs.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Hoge

(a) Residence: No. 207 W Hoffman St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Malicca

6. DATE OF BIRTH (month, day, year) September, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	75	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va. (State or country)

FATHER

13. NAME David

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Ann

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Va Date 5-27 1937

19. UNDERTAKER Chas Alexander

(Address) 1200 McCulloh St

20. FILED ... Registrar.

26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-19-37, 19... to 5-24, 1937

I last saw h[illegible] alive on 5-24, 1937. Death is said to have occurred on the date stated above, at 7:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	y.
Hypertensive Cardio-Vascular disease	m.
	d.
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-22-37

For what disease or injury? Carcinoma of esophagus

Name of operation Gastrostomy

What test confirmed diagnosis? X-ray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Cole Brantigan M. D.

(Address) Baltimore City Hospitals

35878 # 23559 MB ✓ F 35878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-82-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John McGrail (John Martin McGrail)

If U. S. Veteran specify WAR

(a) Residence: No. 507 Eastern Ave. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-14-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman on a boat

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) McKeesport (State or country) Pa.

FATHER

13. NAME Patrick T. McGrail

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Connolly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pittsburgh, Pa. Date May 26 1937

19. UNDERTAKER [illegible]
(Address) 1003 W. Baltimore St.

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1937 to 5-26, 1937

I last saw him alive on 5-26, 1937 Death is said to have occurred on the date stated above, at 0.10 A.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Thrombosis	28 hrs
Other contributory causes of importance: Cerebral Thrombosis	Duration 3 wks

Was an operation performed? No Date of over

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. Parran M. D.

(Address) Baltimore City Hospitals

Spec.—1-10-21—M&T—1500 Blks.

✓ F 35879

35879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Bradyark St. 25-6 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jennie V. Hurd

(a) RESIDENCE NO. 1518 Bradyark St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Hurd

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 58; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Dallas Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Rosa Swafford

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Rurelie Warrington

(Address)

26 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 24 1937

17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1937, to May 24, 1937, that I last saw h[illegible] alive on May 23, 1937, and that death occurred, on the date stated above, at 6:45 P m.

The CAUSE OF DEATH was as follows:

Hemiplegia (right side)
Caused (Cerebral haemorrhage)

(duration) yrs. 4 mos. 2 ds.

CONTRIBUTORY (Secondary) (Duration) Arteriosclerosis Duration 5 yrs.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. V. Colgan, M. D.

5-7 1937 (Address) 2039 E. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem

DATE OF BURIAL: May 27 1937

20 UNDERTAKER: Mrs. Thos. Bellitt daughter

ADDRESS: 1129 Eutaw St.

TION is very important. See instructions on back of certificates.

AACo. 5-11 250R

F 35880

35880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2761 Rayner ave St., 16-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas M. T. Hagan

(a) Residence: No. 2761 Rayner ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charlotte Hagan

6. DATE OF BIRTH (month, day, year) Oct 17 1878

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	58	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police dept. Balto

10. Date deceased last worked at this occupation (month and year) May 20-1937

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas F. Hagan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary C. Bradley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charlotte Hagan
(Address) 2761 Rayner Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 5/28 1937

19. UNDERTAKER Edward A Brannigan
(Address) 1154 Poplar Grove Stat

20. 1931 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1937, to May 24, 1937

I last saw him alive on May 24, 1937 death is said to have occurred on the date stated above, at 8:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	6 day

Other contributory causes of importance: Myo-Cardetis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Benj. D. Hayden, M. D.

(Address) ...

F 35881

M. D. B. 1263-S

F 35881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert M. White.

(a) Residence: No. ... Salisbury, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) July 24, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student. ppc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME Thomas R. White

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Elsie R. Mason.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Thomas R. White. (father)
(Address) Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Salisbury Md 5/27/37

19. UNDERTAKER Wm. J. Tuckies & Son.
(Address)

20. [illegible] Mathias P. Cain
Registrar

Y 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquest find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull	
Automobile collision.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquest Was there an autopsy? Hospital

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 5/23/37

Where did injury occur? Salisbury, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Struck by automobile

Nature of injury Collision between two Autos

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

5/26/37 (Address) 1017 S. Charles St.

F 35882

35882 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

194-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital 9th Ward) 1

Length of residence in city or town where death occurred 2½ yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Mrs Minnie M. Worden No Hosp Record

(a) Residence: No. 5934 Raven Ave St., .. Ward. ..
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jesse E. Worden

6. DATE OF BIRTH (month, day, year) Feb 24 1885

7. AGE: Years 52 | Months 3 | Days 2 | If LESS than 1 day, .. hrs. or .. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Conrad Eckes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs E Worden

(Address) 5934 Raven Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Date 5/29/37

19. UNDERTAKER Wm Ch Gould

(Address) 1211 E Fayette St

20. FILED MAY 27 1937 Clayton White Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to May 26, 1937

I last saw her alive on May 26, 1937 Death is said to have occurred on the date stated above, at 5 55 p.m.

The principal cause of death and related causes of importance were as follows:

myocardial insufficiency — Date of onset

Other contributory causes of importance:

Coronary occlusion — 12-(?)-36

Was an operation performed? no Date of ..

For what disease or injury? ..

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Mansfield M. D.

(Address) Woman's Hospital

35883 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35883

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 12-S Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 12 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Marie Shokes

If U. S. Veteran, specify WAR ..... Race

(a) Residence: No. 1618 N. Calvert St., Ward. Henderson Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles C. Shokes

6. DATE OF BIRTH (month, day, year) Aug 6, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME Henderson

14. BIRTHPLACE (city or town) (State or country) Unknown N. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown N. C.

17. INFORMANT Vincent J. Hall

(Address) 1618 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date May 28th 19 37

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar

MAY 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Myocarditis Chr.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B. Wallace M. D.

(Address) 1031 St. Paul St. County

M. D. R. 2000

F 35884

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35884

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 22-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Veronica V. Bulota

If U. S. Veteran specify WAR .....

(a) Residence: No. 229 S. Greene St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Bulota

6. DATE OF BIRTH (month, day, year) April 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Vincent Vandares

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Margarett Kichaes

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Margaret Jenkins

(Address) 1945 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/29 1937

19. UNDERTAKER William Cobb & Son

(Address) 1217 E. Lexington St

20. FILED MAY 27 1931 Lexington Williamette, Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Carleton M. D.

Coroner

(Address) 2757 W. North Ave

F 35885 Hentschel HEALTH DEPARTMENT—CITY OF BALTIMORE F 35885

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4617 Park Heights Ave (Ward) 27-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie L. Hentschel

If U.S. Veteran specify WAR No Record

(a) Residence: No. 4617 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Richard W

6. DATE OF BIRTH (month, day, year) Sept 24, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hentschel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thelma White (Address) 509 Edgewood Rd

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date May 29 37

19. UNDERTAKER Wilson Ford & Co (Address) 1217 N. Fulton Ave

Filed for Record Baltimore MD

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to May 26, 1937.

I last saw him alive on May 26, 1937. Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	5-25-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James S. Ashhurst M. D.

(Address) 4012 Park Heights Ave

M. D. P. 1268-9

35886

F 35886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Emma O. M. Weber

(a) Residence: No. 2710 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Weber

6. DATE OF BIRTH (month, day, year) Oct 4 187[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry E F Meyer

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Henrietta C Manthey

16. BIRTHPLACE (city or town) (State or country) Germ any

17. INFORMANT John Weber

(Address) 2710 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cem. Date May 27, 37

19. UNDERTAKER John Uffelman

(Address) 2008 Orleans

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to May 24, 1937

I last saw her alive on May 21, 1937. Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of ovary, bilat, & metastases to liver and peritoneal surfaces	Aug 1935
Other contributory causes of importance:	
Bronchopneumonia	5/23/37

Name of operation Bilateral Oophorectomy Date of 9/10/35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [signature] M. D.

(Address) #156 W. Hamilton Ave.

F 35887

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35887

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Hudson St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Stephen Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 2818 Hudson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) Feb 1 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Chief (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Police Dept

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph S. Lee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rosanna Tomp

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Joseph S. Lee (Son)

(Address) 3025 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 28 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Ellamont St

FILED ..... 19 ..... Registrar

MAY 27 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance: Diabetic Coma	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. A. Wright Coroner, M. D.

(Address) 610 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

Houston

F 35888

35888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital / 5-1 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude Houston

(a) Residence: No. 1421 N Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 2-1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wilson Houston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Tucker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Laura Thomas

(Address) 1219 Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/29 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED ..... Registrar

Dec 8 1937 Eugene Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd 3rd degree burns - neck - upper thorax extremities - thighs & abdomen	

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Hosla Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury May 17 1937

Where did injury occur? 1421 Vincent St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Accidental burns by kerosene

Nature of injury Burning ignited clothes

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George C. Allen M. D.

(Address) 80 Chesapeake St

F 35889 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35889

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-5 Ward) 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Whitney Walker

☐ U. S. Veteran specify WAR .....

(a) Residence: No. 113 N. Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sober

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

FATHER

13. NAME Arthur Walker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Georgia Waters

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Sadie Thompson

(Address) 104 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 5-27- 1937

19. UNDERTAKER Bryant Manning & Wright

(Address) 2211 McCulloh St

20. FILED MAY 27 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal acites	
Pleural effusion	
Pericardial effusion	

Other contributory causes of importance:

Possibly Tuberculosis

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. Whitney Walker M. D.

(Address) 1010 S. Edwards Cor Ave

OCCUPATION is very important. See instructions on back of certificate.

35890 E 35890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Eden St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Wilson

(a) Residence: No. 423 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Wilson

6. DATE OF BIRTH (month, day, year) May 20 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME John H. Wilson Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Campbell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mildred Wilson

(Address) 423 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary cem Date 5-27- 1937

19. UNDERTAKER Barron & Mangold W. Knight

(Address) 1211 McCulloh St

20. FILED ..... 19..... Registrar

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24- 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-29- 1936 to 5-24- 1937

I last saw him alive on 5-22- 1937. Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma of right lung	
Other contributory causes of importance: Atelectasis upper lobe of right lung.	

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation —

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Don't Know.

(Signed) Wm H. Cargill M. D.

(Address) 611 N. Caroline

35891 HEALTH DEPARTMENT—CITY OF BALTIMORE 35891

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital St., 70-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence L Moran If U. S. Veteran specify WAR

(a) Residence: No. 2521 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vera Brown Moran

6. DATE OF BIRTH (month, day, year) Dec 25-1877

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	59	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Maryland

FATHER

13. NAME Edw. F. Moran

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Md.

MOTHER

15. MAIDEN NAME Ann Goodwin

16. BIRTHPLACE (city or town) (State or country) St Charles Co. Md.

17. INFORMANT Mrs Vera Moran

(Address) 2521 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 5-27 19 37

19. UNDERTAKER Harry E Fleagle

(Address) 2120 Frederick

20. FILED 19 Registrar

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Brain Fractured Skull	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 19

Where did injury occur 2521 Frederick Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Home

Manner of injury Fourth Rail gave way

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

338495
35892

HEALTH DEPARTMENT—CITY OF BALTIMORE 35892

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11 - Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME James Webb

(a) Residence: No. 908 Durrand St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rama

6. DATE OF BIRTH (month, day, year) 2/8/64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer — odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME George Webb.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Louise Panamay

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 5/28/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St

20. FILED ..... 19 ..... Registrar

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937, to May 26, 1937.

I last saw him alive on May 26, 1937. Death is said to have occurred on the date stated above, at 4:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Type III)	5/19/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) James A. Hardaway, M. D.

(Address) Johns Hopkins Hospital

F 35893

35893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Castle St., 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If non-resident give length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathe-Catherine Beckman

If U.S Veteran specify WAR .....

(a) Residence: No. 22 S. Castle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 7 1858

7. AGE: Years 78 | Months 11 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Nicholas Beckman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Anna Kremer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Joseph Beckman 22 S. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 28 1937

19. UNDERTAKER (Address): Martin V. C. Uffel 37 S Caroline St

20. FILED ... 19 ... Registrar. Baltimore Md.

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22 1937 to May 26 1937

I last saw her alive on 5-26 1937. Death is said to have occurred on the date stated above, at 2:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	6 yrs
Other contributory causes of importance: Coronary Embolism	1 day

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ... (Signature) Edward Lord M. D.

(Address) 415 N. Grosvenor

35894 Ex Residence - W36 St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35894

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Chestnut Ave St., 13-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Melville A Gray.

(a) Residence: No. 3600 Chestnut Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella E. Gray.

6. DATE OF BIRTH (month, day, year) Sept 2, 1871.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John A. Gray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie A. Guyton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Estella E. Gray.
(Address) 3600 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Balto Co Md. Date May 28, 1937

19. UNDERTAKER Edmondson & Son.
(Address) 3615-17 Chestnut Ave.

..... 19..... Registrar.

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1936 to May 25, 1937

I last saw h... alive on May 25, 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro vascular renal disease	?
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) [illegible] M. D.

(Address) 850 W 36th

F 35895

35895 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3817 Hickory Ave St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Krebs

(a) Residence: No. 3817 Hickory Ave St., Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura E. Krebs

6. DATE OF BIRTH (month, day, year) Jan 14, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Jumiah Krebs

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Anna M. Miller

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Laura E. Krebs

(Address) 3817 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date May 28, 1937

19. UNDERTAKER Chenoweth & Son

(Address) 3615-17 Christian Ave

20. FILED 19

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to May 26, 1937

I last saw him alive on May 25, 1937 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral and general arteriosclerosis

Cerebral thrombosis

Date of onset

Other contributory causes of importance:

Pulmonary edema

Was an operation performed? — Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H. H. Smith M. D.

(Address) 3429 Christian Ave

35896 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 35896

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3949 Roland Ave St., 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred W. Bell

If U. S. Veteran specify WAR

(a) Residence: No. 3949 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Bell

6. DATE OF BIRTH (month, day, year) July 16, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner of 73

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Isabelle Bell
(Address) 3949 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
St. Marys Hampden Date May 29, 1937

19. UNDERTAKER C Hunt Worthington
(Address) 3615-17 Chestnut Ave

20. FILED ..... 19..... Registrar.

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7 1915, 1937, to May 27 1915, 1937

I last saw h[illegible] alive on May 27, 1937. Death is said to have occurred on the date stated above, at 3 30 a m.

The principal cause of death and related causes of importance were as follows:— Myocarditis. Arteriosclerosis. — Date of onset 4 yrs

Other contributory causes of importance: General arterial sclerosis. Senility.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [illegible] M. D.

(Address) 36 E Fay Pa. Balto Md.

F 35897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V79-aF 35897

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (St.) (Ward) 6-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Faulkner

If U. S. Veteran specify WAR .....

(a) Residence: No. 2120 Mayer St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 23, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Faulkner

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lottie Ashley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) John Faulkner 2120 Mayer St.

18. BURIAL, CREMATION, OR REMOVAL Place Cloverdale Date May 28, 1937

19. UNDERTAKER (Address) Tim Cook 1214 Fulton Ave

Registrar. .....

MAY 27 1937

V S 6

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia - Pneumococcus meningitis	
Other contributory causes of importance: 1st mongolian idiot	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

F 35898

35898 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 S. Ann Street St. 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walenty Lechert

If U.S. Veteran specify WAR .....

(a) Residence: No. 218 S. Ann Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Lechert

6. DATE OF BIRTH (month, day, year) Dec 25 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retared Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Walery Lechert

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Agnes Lechert (Wife

(Address) 218 S. Ann Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 28 1937

19. UNDERTAKER John F. Welby

(Address) 401 S. Chester St

20. FILED ..... 19 .....

Registrar.

MAY 27 1937 Washington Wilhelm, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24 1937 to May 25 1937

I last saw him alive on May 25 1937 Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Myocardial Insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Kleinowski, M. D.

(Address) 2029 Eastern Ave.

F 35899

35899 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

146-f

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Druid Hill Ave. St. 13-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Lowenberg

(a) Residence: No. 2301 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Lowenberg

6. DATE OF BIRTH (month, day, year) Mch. 25, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Abraham Jones

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hennie Fuld

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Mr. Alfred Lowenberg,
(Address) Alhambra Apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Cem. May 28, 19 37

19. UNDERTAKER Abard Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 19 Registrar.

MAY 27 1937 Mrs. Lucy Millstadt, MSW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/8/35 19 to 5/25/ 1937

I last saw her alive on 5/25/ 1937. Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas with Biliary Obstruction	March 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? PE Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Blum
1206 E. Preston St. M. D.

(Address) 1206 E. Preston St.

DECLARATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

35900

F 35900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Rose

If U. S. Veteran specify WAR

(a) Residence: No. 1017 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 69; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Henry

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Leonard

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Rita Wiedenfeld

(Address) 914 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 28, 1937

19. UNDERTAKER: Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED 1937

Huntington Pottsville, Md

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	

Other contributory causes of importance:

Bronchopneumonia

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

#23704

F 35901

CERTIFICATE OF DEATH

F 35901 SF

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Drasal

(a) Residence: No. 1701 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie (div.)

6. DATE OF BIRTH (month, day, year) 8/1/1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lewis Drasal

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Anna Break

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May 29/37

19. UNDERTAKER C. Miller & Son
(Address) 239 N. Gilmor St.

20. [illegible]

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1937 to 5-25-, 1937

I last saw h. alive on 5-25-, 1937 Death is said to have occurred on the date stated above, at 7 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	Unk

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

F 35902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35902

1. PLACE OF DEATH md. General Hospital 51-C Registered No.

CITY OF BALTIMORE: (No. ... St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Valentine Hoffmann If U.S. Veteran specify WAR

(a) Residence: No. 2400 E. Madison St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Elizabeth Hoffmann

6. DATE OF BIRTH (month, day, year) Sept. 24-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet

10. Date deceased last worked at this occupation (month and year) 2014

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Hoffmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elizabeth Hoffmann
(Address) 2400 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May 27/37 19

19. UNDERTAKER E. Miller & Son
(Address) 2328 Gilmor St.

MAY 27 1937 (Signed) [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-20 . 1937 to 5-24 . 1937

I last saw h/e alive on 5-24 . 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	
Other contributory causes of importance: Surgical Shock.	4 hrs.

Was an operation performed? Yes Date of 5-24-37

For what disease or injury? Ca of prostate

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. P. Stephens M. D.

(Address) 1111 Cathedral St.

35903

HEALTH DEPARTMENT—CITY OF BALTIMORE

35903

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Brentwood St., 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Denis J. Mc Kenna

If U. S. Veteran specify WAR

(a) Residence: No. 1117 Brentwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Mc Kenna

6. DATE OF BIRTH (month, day, year) July 15, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sergeant 106

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Thomas Mc Kenna

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann McGee

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary A. Mc Kenna
(Address) 1117 Brentwood ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 5/29 1937

19. UNDERTAKER Richard F. Cuskey F. Dunn
(Address) 1341 Gorsuch Ave

Registered MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 26 1937

22. I HEREBY CERTIFY That I attended deceased from April 2 1937 to MAY 26 1937

I last saw him alive on 5-25 1937 Death is said to have occurred on the date stated above, at 4 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs
Other contributory causes of importance: Pulmonary Oedema	6 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Lawrence Lark M. D.

(Address) 418 Broadway

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35904 CERTIFICATE OF DEATH V 137 E 35904

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian L H Hempel

If U. S. Veteran specify WAR

(a) Residence: No. 348 Roosbank Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie E. Hempel

6. DATE OF BIRTH (month, day, year) Aug 18, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sea Captain

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Simon E. Hempel

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Nielsigne Moller

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Sadie E. Hempel

(Address) 348 Roosbank Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Evans Presbyterian Ch Date May 27, 1937

19. UNDERTAKER H. Snyder & Sons Inc

(Address) 1716 Linden Ave

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to May 24, 1937

I last saw him alive on May 21, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Benign prostatic hypertrophy	
Other contributory causes of importance: Uremia Coma	

Was an operation performed? Yes Date of 5/21/37

For what disease or injury Hypostatic & prostatic

Name of operation Transurethral resection

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm B. Smith M. D.

(Address) Union Mem. Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35905

CERTIFICATE OF DEATH

93-E

F 35905

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2418 Ridgley St. (Ward) 25-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Drane Legg

(a) Residence: No. 2418 Ridgley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John Legg

6. DATE OF BIRTH (month, day, year) Aug 11, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S.C.

FATHER

13. NAME Frank Harris

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT John Legg
(Address) 2418 Ridgley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date May 30, 1937

19. UNDERTAKER Joseph A Snyder
(Address) 609 N Mount St

Registrar.

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/21/ 1937 to 5/25/ 1937

I last saw her alive on 5/24/ 1937 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	12/1/36

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Harris M. D.

(Address) 1600 W. Fayette St.

35906 E 35906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N Amity St., 18-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Lillie Watson White

If U. S. Veteran specify WAR .....

(a) Residence: No. 209 N Amity St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col'd	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius White

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ..min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Dave Watson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nellie Lobson

16. BIRTHPLACE (city or town) (State or country) U.S. Colored

17. INFORMANT Minnie Lobson

(Address) Marlboro Md

18. BURIAL, CREMATION, OR REMOVAL

Place Marlboro, Md Date May 27, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St Washington, Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1937, to May 24, 1937

I last saw h.... alive on May 24, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart & Uremia Resp. Failure	Feb 4/37
Other contributory causes of importance: Acute R Bronchitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) H H Norwood M. D.

(Address) 959 N Fayette

OCCUPATION is very important. See instructions on back of certificate.

MAY 27 1937

F 35907

35907 HEALTH DEPARTMENT—CITY OF BALTIMORE

51-C

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Daniel Ruehl. If U.S. Veteran specify WAR .....

(a) Residence: No. 1841 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosie Ruehl

6. DATE OF BIRTH (month, day, year) June 29, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	10	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Market

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher

10. Date deceased last worked at this occupation (month, year) May 1931

11. Total time (years) spent in this occupation 35yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Daniel Ruehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Hoffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Rosie Ruehl

(Address) 1841 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 29, 1937

19. UNDERTAKER Robt C. & B. M. Walters

(Address) Pratt & Stricker Sts

20. Filed ..... 19 ..... Registrar

27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/16/37. 19 .. to 5/26/37. 19 ..

I last saw him alive on 5/26/37, 19 .. Death is said to have occurred on the date stated above, at 4 7/7 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Prostate & Metastasis.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Md. Gen. Hosp.

PENALIZATION IS VERY IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35908

CERTIFICATE OF DEATH

47-B F 35908

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 39 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Lebowitz

(a) Residence: No. 2025 Reger St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Meyer

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 5/27/37

19. UNDERTAKER Jos. Lowe Inc.

(Address) 1437 E. Baltimore St.

20. FILED MAY 27 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to May 26 — 1937

I last saw h[illegible] alive on May 26, 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. of Lung Metastasis	?

Other contributory causes of importance: Respiratory Failure

Was an operation performed? Yes Date of November 1936

For what disease or injury? Exploratory (for Ca. Lung)

Name of operation Thoracotomy - Right

What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel Wilson M. D.

(Address) Sinai Hospital

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35909

CERTIFICATE OF DEATH

F 35909

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 N. Washington 6-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 31 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Jennie Sandler

(a) Residence: No. 212 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Leonard

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Shirley

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Sandler

(Address) 212 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 5-27 1937

19. UNDERTAKER Jos. Leuzi Inc

(Address) 1439 E. Balto. St.

MAY 27 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-37. 19

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to May 27-37 19

I last saw her alive on May 27 1937. Death is said to have occurred on the date stated above, at 4:18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with generalized metastases	?

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 16, 1937

For what disease or injury? Carcinoma of Stomach

Name of operation Exploratory Laparotomy

What test confirmed diagnosis Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H L Sewall M. D.

(Address) 2322 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M & T—250 Bks.

F 35910

F 35910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-c

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Mt Holly ST., 26-7 WARD)

2-FULL NAME Elizabeth Kluth

(a) RESIDENCE NO. 504 Mt Holly ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Carl Kluth

6 DATE OF BIRTH (month, day, and year) Sept 13 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or.....min.
77	77	8	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Fredrick Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Helen M. Kluth (Address) 504 Mt Holly St

15 Filed 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1937

17 I HEREBY CERTIFY, That I attended deceased from 1936, 19..., to May 26, 1937.

that I last saw her alive on May 25, 1937.

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Surgical

(Signed) Otto Gunnar M.D. M. D.

19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL May 29/37

20 UNDERTAKER William W. Shriver Inc

ADDRESS 4130 Edmondson Ave.

F 35911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35911

94-D

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4208 N Charles St., 27-11 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard Henry Diggs

If U. S. Veteran specify WAR .....

(a) Residence: No. 4208 N Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widow

5a. If ~~married~~, widowed, or ~~divorced~~
HUSBAND of (or) WIFE Late Mary King Diggs

6. DATE OF BIRTH (month, day, year) July 8th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73.	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Morgan Mortgage Co.

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 8086

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Samuel J Diggs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Frances Rochester

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Carlos Diggs
(Address) 4208 N Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 28 1937

19. UNDERTAKER Henry Menchins Sons
(Address) Oakland & N. Collington Ave

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26th 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1935 to May 26 1937

I last saw him alive on May 26 1937 Death is said to have occurred on the date stated above, at 5.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	5-21-37
Arterio-sclerosis	7
Myocardial insufficiency	Mos. 24

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? No special test. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) V R Heaman M. D.

(Address) 1107 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

11

F 35912

35912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Booth St. 20-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Kraushofer

(a) Residence: No. 2210 Booth St. St., ... Ward, ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Josephine Kraushofer

6. DATE OF BIRTH (month, day, year) July 18, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Anton Kraushofer

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Emile L. Kraushofer
(Address) 2210 Booth St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date May 28, 1937

19. UNDERTAKER Harry L. Mutter
(Address) 1301 Edmondson Ave.

20. FILED MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10- 1937 to May 24 1937

I last saw h[illegible] alive on May 24 1937 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Hypostatic Pneumonia	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
..... If so, specify .....

(Signed) Ethel Cohn M. D.

(Address) 2175 N Balto St

OCCUPATION is very important. See instructions on back of certificate.

F 35913

35913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 White Ave 37-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Erminnie J Leimbach

If U. S. Veteran specify WAR

(a) Residence: No. 3103 White Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frederick W Leimbach

6. DATE OF BIRTH (month, day, year) 12-27-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Fred. W. Leimbach

(Address) 3103 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 1/28 1937

19. UNDERTAKER Leonard J Keogh

(Address) 2305 Harford Ave

20. FILED JAN 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/26 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21 1937 to May 25 1937

that saw h.. alive on May 25 1937 Death is said to have occurred on the date stated above, at 1.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Defects	1 years
Chronic arthritis	3 years
Other contributory causes of importance:	
Very Large Bed sore	2 months
Left sup Femours phlebitis	24 hours

Was an operation performed? no Date of X

For what disease or injury? X

Name of operation X

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no If so, specify X

(Signed) E. A. Peterson M. D.

(Address) 4135 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

F 35914

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35914

CERTIFICATE OF DEATH.

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., (Ward) 2

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. West
If U. S. Veteran specify WAR

(a) Residence: No. 909 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year) Nov. 25 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME George West
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Sadie West
(Address) 909 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5-29 1937

19. UNDERTAKER George T. A. Gibson
(Address) 1736 Harlem Ave

21. FILED ... 19 ... Registrar

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Corner)
(Address) 1010 S. Belnont Ave

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35915

35915

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 N. Carey St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Jennie A. Mason

(a) Residence: No. 842 N. Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas I.

6. DATE OF BIRTH (month, day, year) Oct 16 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Hunston Boulden

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha White

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Emily C. Brooks

(Address) 842 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/29/37

19. UNDERTAKER Mrs. Geo. A. Holland

(Address) 631 Druid Hill Ave

20. FILED 5/31/37 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1937 to May 25, 1937

I last saw her alive on May 25, 1937. Death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	9
Exhaustion	

Was an operation performed? No Date of .....

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, how?

(Signed) H B Hughes M. D.

(Address) 1413 Druid Hill Ave

35916 F 35916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Divisi St., 14-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James C. Fossett

(a) Residence: No. 1821 Divisi St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary B.

6. DATE OF BIRTH (month, day, year): Aug. 2-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Junk Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Levi Fossett
14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary J. Nelson
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mary B. Fossett
(Address): 1821 Divisi St

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Date: 5/28/37

19. UNDERTAKER: Geo. P. Pollard
(Address): 1631 Division St

MAY 27 1937 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1937, to May 25 1937
I last saw him alive on May 24 1937. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue + Metastasis to throat	Nov 1936
Other contributory causes of importance:	
Starvation due to inability to swallow	May 5, 1937

Name of operation: Recurrent Radium treatment Date of: U. MD. Hosp.
What test confirmed diagnosis?: Path. Was there an autopsy?: No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?: ..... Date of injury ..... 19.....
Where did injury occur?: ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify .....

(Signed) Ralph J. Young M. D.
(Address) 1429 E Monument St

35917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35917

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710-Holbrook Street St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Frances O'Neill

If U. S. Veteran specify WAR

(a) Residence: No. 1710-Holbrook Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard J. O'Neill

6. DATE OF BIRTH (month, day, year) June 14th, 186[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
72	II	II	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Dennis Connolly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Doody

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Katherine A. O'Neill
(Address) 1710 Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. May 29th, 1[illegible]

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED [illegible] Registrar

MAY 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to May 25, 1937

I last saw her alive on May 25, 1937 Death is said to have occurred on the date stated above, at 3:15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of the body of the Uterus	April 1935
Other contributory causes of importance: Metastatic Carcinoma of lungs	Jan 1937

Was an operation performed? yes Date of Apr 25/35

For what disease or injury? Cancer of Uterus

Name of operation D and C.

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. J. Geraghty M. D.

(Address) 10 E Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 35918

35918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-3 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand A. Bruns

If U. S. Veteran specify WAR World War

(a) Residence: No. 2438 E. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marelle Webster

6. DATE OF BIRTH (month, day, year) Aug. 10th, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John B. Bruns

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Madeline Kaufman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Francis H. Bruns

(Address) Maryland Ave. Stemmers Run

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date May 28th, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

MAY 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ✓ 5/27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/27, 1937

Where did injury occur? Clifton Park - Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Park.

Manner of injury Shot himself in head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenck, M. D.
Coroner

(Address) 1914 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35919

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35919

CERTIFICATE OF DEATH

34-a-159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boyle

If U. S. Veteran specify WAR

(a) Residence: No. 4506 St. George Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-19-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Clinton Boyle

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Taylor

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS HOSPITAL MAY 27 1937

Commissioner of Health

19. UNDERTAKER

(Address)

For E. A. Boone

Registrar.

20. FILED 27 1937

(Local) 3240

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937, to May 20, 1937

I last saw h.. alive on May 20, 1937. Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	5-19-37
Congenital Lues	5-19-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. W. Cavestreet M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 35920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35920

CERTIFICATE OF DEATH X 157-D

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daisy Riggs

(a) Residence: No. Glenville Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 21 37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charlton Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Riggs

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAY 27 1937
Commissioner of Health

19. UNDERTAKER For H. A. Moore
(Address)

20. FILED MAY 27 1937 Registrar. 31241

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937, to April 28, 1937

I last saw her alive on April 25, 1937 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4-6-37
Congenital anomaly of the gastro-intestinal tract	4-6-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) E. W. Powers Jr. M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 35921

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35921

CERTIFICATE OF DEATH

157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 8-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Tyrum

If U. S. Veteran specify WAR

(a) Residence: No. 1375 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7 - 37

7. AGE	Years	Months	Days	If LESS than 1 day 2 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Robert Tyrum

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Helen Purdee

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL MAY 27 1937

Commissioner of Health

19. UNDERTAKER

(Address) per W. A. Moore

20. FILED 19 Registrar.

MAY 27 1937

3242

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to May 7, 1937

I last saw her alive on May 7, 1937 Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	5-7-37
Spina Bifida	5-7-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. W. Overstreet M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

35922 E 35922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1603

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp 7-3 (Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....moe.....ds.

2. FULL NAME Charles Henson

If U. S. Veteran specify WAR .....

(a) Residence: No. 427 Fremont Ave St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 5/16/37

7. AGE: Years | Months | Days: 4 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Newborn child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Bill Hopkins

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Hilda Henson

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAY 27 1937

19. UNDERTAKER Commissioner of Health

(Address) Per M. A. Moore

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937 to May 21, 1937

I last saw h alive on May 21, 1937. Death is said to have occurred on the date stated above, at 9.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart	

Other contributory causes of importance:

Intracranial birth injury

Intracranial hemorrhage

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) W. H. Helfrich M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

1937

Washington Witness 3243

O.K. Dr. Helen parker

F 35923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

Registered No. F 35923

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 Gutman Ave. St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME George B. Parlett

(a) Residence: No. 658 Gutman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Viola M. Parlett

6. DATE OF BIRTH (month, day, year) Nov. 11, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George C. Parlett

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Catherine Norris

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Viola Parlett

(Address) 658 Gutman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date May 29 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible] Washington Undertaking Co

MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1918 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 35924

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35924

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3201 Sequoia Ave. St., 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Lulu Foreman

If U.S. Veteran specify WAR ... No record

(a) Residence: No. 3201 Sequoia Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Isaac Newton Foreman

6. DATE OF BIRTH (month, day, year) Jan. 1, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sophia Lulu Glenthworth

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles E. Johnson

(Address) Plainfield, N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Hardegen Date 5/29/37

19. UNDERTAKER William Gott

(Address) 1219 E. Gold St.

FILED MAY 28 1937 R. Lenox Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937 to May 27 1937

I last saw h[illegible] alive on May 27 1937 Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset 2 17 37

Other contributory causes of importance: Arthritis chronic

Was an operation performed? no Date of X

For what disease or injury? X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X ..... 19 .....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased? no If so, specify X

(Signed) R. Lenox Williams M. D.

(Address) 3200 Sequoia

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

F 35925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35925

CERTIFICATE OF DEATH

160-T3

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 817 Ostend St. 21-W WARD)

2—FULL NAME Baby Hill

(a) RESIDENCE NO. 817 Ostend ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) May 27, 1937

7 AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Vernon Hill

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Burdell Payne

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

14 Informant Vernon Hill (Address) 817 Ostend St

15 Filed 28 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 27, 1937

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to May 27, 1937, that I last saw h living alive on May 27, 1937 and that death occurred, on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH* was as follows:

Intracranial Hemorrhage

Born

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) J. Douglas Sheppard, M. D.

5/27/1937 (Address) 1043 Myrtle Ave

*State the Disease Causing Death or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL May 28, 1937

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3224 Schroeder St.

important. See instructions on back of certificates.

F 35926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. 27-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hilda M Jackson

(a) Residence: No. 4911 Medford Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh W. Jackson

6. DATE OF BIRTH (month, day, year) Nov 12-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William F. Schultze

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Carrie Meier

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Carrie Schultze

(Address) 4911 Medford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 28, 1937

19. UNDERTAKER E. B. Stuppert & Son

(Address) 1300 Eutaw Place

20. FILED 19 Registrar

NOV 29 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27-, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest and Autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal obstruction	May 20-37

Other contributory causes of importance:

Gangrenous Bowel

Was an operation performed? yes Date of 5-24-37

For what disease or injury? Intestinal obstruction

Name of operation Laparotomy Date of 5/24/37

What test confirmed diagnosis? Surgical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. J. Shillito Coroner, M. D.

(Address) 1939 Edmondson Ave

35927

35927

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., 26-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Herbert Stehl

(a) Residence: No. 5323 Wesley Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Gaines Stehl

6. DATE OF BIRTH (month, day, year) Nov 22 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Bernhardt G. Stehl

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie Reigert

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Cora G. Stehl

(Address) 5323 Wesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 29 1937

19. UNDERTAKER Wm. H. Pickney & Sons

(Address) North & Penna. aves

20. FILED ..... 19..... Registrar.

MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to May 27, 1937

I last saw him alive on May 27 1937 Death is said to have occurred on the date stated above, at 2.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Arteriosclerotic heart disease	?
Coronary occlusion	5-27-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical signs Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify how .....

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hospital.

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35928

CERTIFICATE OF DEATH

167 F 35928

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 N. Broadway St., 8-6 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Charles E. Keplinger

(a) Residence: No. 1537 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Keplinger

6. DATE OF BIRTH (month, day, year) May 7, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Michael Keplinger

14. BIRTHPLACE (city or town) (State or country) Lubeck

MOTHER

15. MAIDEN NAME Maria Padden

16. BIRTHPLACE (city or town) (State or country) Lubeck

17. INFORMANT Agnes Keplinger

(Address) 1126 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 29, 1937

19. UNDERTAKER Wilson & Son

(Address) 1217 E. Fort Ave.

Filed May 28 1937 Huntington Williams, Registrar.

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of head	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury May 26, 1937

Where did injury occur? 1537 N. Broadway - Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self in head during

Nature of injury period of temporary insanity

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenten, M. D. Coroner

(Address) 1912 E. Baltimore Ave.

F 35929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 324594

1. PLACE OF DEATH Johns Hopkins Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred 3rd yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Gold

(a) Residence: No. 447 Lamont St St., ... Ward. Wash. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Martin Gold

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Friends —
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5/28/37

19. UNDERTAKER Jack Levy Co.
(Address) 1439 E. Baltimore St.

20. FILED MAY 25 1937 Washington Nat'l Ins. Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937 to May 27, 1937

I last saw him alive on May 27, 1937 Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936
- Generalized	and
- Gangrene Feet	10yrs previously

Other contributory causes of importance:
Post-operative Mesenteric Thrombosis

Was an operation performed? Yes Date of May 25, 1937

For what disease or injury Arteriosclerotic Gangrene Left Right Foot

Name of operation Little Stokes Amputation

What test confirmed diagnosis Path Sections Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Richard Ferguson M. D.

(Address) Johns Hopkins Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35930

CERTIFICATE OF DEATH

F 35930

92-a

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 301 N. Mount ST. 19-1 WARD)

2—FULL NAME Mary Agnes Kimble.

(a) RESIDENCE NO. 301 N. Mount St. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	Colored.	Widow.

3a If married, widowed, or divorced HUSBAND of (or) WIFE of George Kimble

6 DATE OF BIRTH (month, day, and year) December 25 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Harry Ogden - Edm. Anv. Tin Hills.

9 BIRTHPLACE (city or town) Lynchburg
(State or country) Virginia.

PARENTS

10 NAME OF FATHER John Henry Davis.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Tennessee.

12 MAIDEN NAME OF MOTHER Sarah Frances Knowlin

13 BIRTHPLACE OF MOTHER (city or town) Lynchburg
(State or country) Virginia

14 Informant Lillian Bagwell (sister)
(Address) 301 Mount St.

15 Filed MAY 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 26, 1937

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1937. to May 26, 1937.

that I last saw h er alive on May 25, 1937

and that death occurred, on the date stated above, at 6 10 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease.

(duration) 0 yrs. 9 mos. 0 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Henry F. Buettner M. D.

19 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Arbutus Memorial	May 30 1937

20 UNDERTAKER T. A. Brooks ADDRESS 1463 N. Carey St.

Important. See instructions on back of certificates.

35931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35931

Registered No. 20-5-93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2[illegible] Wrexham ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary DeMar

(a) Residence: No. 2[illegible], Wrexham ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced (or) WIFE of Jake DeMar

6. DATE OF BIRTH (month, day, year) Oct. 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
[illegible]	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Carmen Disidore

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Carmen DeMar

(Address) Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL Date May 31 1937

Place Mt Erin Cemetery Harford Co. Pathway

19. UNDERTAKER Lee a. Pathway

(Address) Cockeysville, Md.

MAY 28 1937 at [illegible] Williams

D.H.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to May 28, 1937

I last saw h[illegible] alive on May 28, 1937. Death is said to have occurred on the date stated above, at 6[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	2

Other contributory causes of importance: Acute Cerebral Dilatation May 26

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Shusman M. D.

(Address) 253 N Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

35932

HEALTH DEPARTMENT—CITY OF BALTIMORE

35932

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Hilton & Caton Aves. St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Oscar E. Crandall (Ascar E. Crandall) If U. S. Veteran specify WAR

(a) Residence: No. Sudley & A. Co., Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen S. Crandall

6. DATE OF BIRTH (month, day, year) August 23, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anne Arundel County Roads

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

FATHER

13. NAME James S. Crandall

14. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

MOTHER

15. MAIDEN NAME Alice Hartge

16. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

17. INFORMANT Mrs. Ada B. Schrader

(Address) 547 Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dulaney Valley Cem. Co. Date May 30th 19 37

19. UNDERTAKER C. W. Bloom

(Address) 1005 E. Baltimore St.

20. FILED MAY 28 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1. 1937 to May 28 1937

I last saw him alive on May 27 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset 1936
Brain Tumour	
Post operative cerebral edema	5-26-37
& circulatory & respiratory	5-27-37
failure	
Other contributory causes of importance:	
Carcinoma	over

Was an operation performed? yes Date of 5-26-37

For what disease or injury? Brain Tumour

Name of operation Resection of brain tumour

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Williamson, M. D.

(Address) St Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35933 F 35933

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4914 Cordelia St. 27-16 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Lucinda Seaton If U. S. Veteran specify WAR .....

(a) Residence: No. 4914 Cordelia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Seaton

6. DATE OF BIRTH (month, day, year) December 6, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86-	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Illinois

FATHER

13. NAME George Everett

14. BIRTHPLACE (city or town) (State or country) Decatur Illinois

MOTHER

15. MAIDEN NAME Anne Lynne

16. BIRTHPLACE (city or town) (State or country) Decatur Illinois

17. INFORMANT Mrs. Eva Keller
(Address) 4914 Cordelia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date May 31 19 37

19. UNDERTAKER J. O. Block
(Address) 1008 W. Baltimore St.

19. Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	

Other contributory causes of importance: Had been ailing 18 months

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation No Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fall

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A. Crane M. D.
Coroner

(Address) 612 N 40 St

MAY 28 1937 Washington, D.C.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 172B

CITY OF BALTIMORE: (No. Maryland General Hospital) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Smith — If U.S. Veteran specify WAR

(a) Residence: No. 3202 Hamilton Ave Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M Smith

6. DATE OF BIRTH (month, day, year) Jan 30-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Henning

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Boedeker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Adelle Hennig

(Address) 3202 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 5/31, 1937

19. UNDERTAKER Leonard J Rusk

(Address) 3205 Eastern Ave

20. FILED MAY 28 1937 Eugene Feldmann, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-26-, 1937 to 5-27-, 1937

I last saw her alive on 5-27-1937 Death is said to have occurred on the date stated above, at 12 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Other contributory causes of importance: cardiac failure.	

Was an operation performed? yes Date of 5-26-37

For what disease or injury? Intestinal obstruction.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. J. Williams M. D.

(Address) Md. General Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35935

CERTIFICATE OF DEATH

F 35935

149-B-82-R

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1435 Mount St (Ward) 15-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Ella Flowers

If U. S. Veteran specify WAR .....

(a) Residence: No. 1435 N Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick D Flowers

6. DATE OF BIRTH (month, day, year) Sept 2-1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Ob Wk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Va

FATHER

13. NAME Jere Dameron

14. BIRTHPLACE (city or town) (State or country) Lockburg Va

MOTHER

15. MAIDEN NAME Ada Brown

16. BIRTHPLACE (city or town) (State or country) Northumberland Va

17. INFORMANT Frederick Flowers
(Address) 1435 Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 28, 1937

19. UNDERTAKER Mrs Katy R. Williams
(Address) 322 N Schroeder St.

MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came
her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism, Paralysis Sinus	May 25 1935

Other contributory causes of importance: Pregnancy - Childbirth May 1935

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George S. Allen, M. D.

(Address) 1 E Lexington St

Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35936 112 F 35936

F 35936

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susie Fleet Washington

(a) Residence: No. 516 N. Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Washington

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Md.

FATHER

13. NAME Richard Giles

14. BIRTHPLACE (city or town) (State or country) Howard County Md.

MOTHER

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) (State or country) Howard County Md.

17. INFORMANT Ferla Mitchell

(Address) 516 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 30, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 E. Lanvale St.

28 1937 [illegible] Registrar.

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16-1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to her death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma (Non tuberculas)	
Reducing bronchi with asphyxia	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D.

Coroner

(Address) 1919 E. North ave

F 35937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 2-W Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? 53 yrs. ____ mos. ____ ds.

2. FULL NAME Frances Szczepanski

If U. S. Veteran specify WAR ____

(a) Residence: No. 1819 Fourth St St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Martin

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanislaus Krzeminski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Nuhum

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Martin Szczepanski

(Address) 1819 Fourth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Et. Stanislaus Cem. Date 5/29/37, 19

19. UNDERTAKER M. F. Sadowski & Sons

(Address) 152 N. Eastern Ave.

20. FILED MAY 28 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	

Other contributory causes of importance:

Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19 ____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1918 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 35938

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bet. City Hos. St., 23-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Estella Gross

(a) Residence: No. 128 W. Winter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced: 3a. HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): May 15 1892

7. AGE: Years: 45; Months: —; Days: 9; If LESS than 1 day, hrs. or min.: —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year): Bet. Md.

11. Total time (years) spent in this occupation: 1937

12. BIRTHPLACE (city or town) (State or country): James Hill

FATHER

13. NAME: James Hill

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Sorrell

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Bertina Hill

(Address) 909 Shark St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 29 1937

19. UNDERTAKER: Joseph L. Brown Son

(Address) 1454 Montgomery St

20. Filed ..... 19 ..... Registrar.

MAY 28 1937 Huntington Williams, M.D.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. H. Wright M. D.

(Address) 1010 S. Elliott St Balto

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35939

CERTIFICATE OF DEATH 953 ✓ 23753 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 22-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Dawkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 38 E. Churchill St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dawkins

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvary Date May 28 1937

19. UNDERTAKER Josiah L. Broken Jar

(Address) 1211 Mary Emma St

20. FILED ..... 19..... Registrar.

MAY 28 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1937 to 5-25 1937

I last saw h/ M alive on 5-25 1937 Death is said to have occurred on the date stated above, at 12 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 days
Other contributory causes of importance:	
Arteriosclerotic Heart Dis.	unk

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hosp

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Herbold)

F 35940

F 35940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mal Gen Hosp. St., 15-19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Madge Herbold (MADGE HERBOLDT) (Mrs.) Veteran (Wife of) WAR

(a) Residence: No. 3515 Bell Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Herbold

6. DATE OF BIRTH (month, day, year) June 10, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) May, 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Harriett Bantam
(Address) 7103 Hadbrit Ave Arnodale

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 29.1937

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. F. Sander
(Address) Baltimore & Broadway.

MAY 29 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937 to May 27, 1937

I last saw her alive on May 27, 1937. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other contributory causes of importance:	
Cellulitis Leg	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Mal Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 35941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35941

CERTIFICATE OF DEATH 21135 JS 63

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Antoinette Johnson

(a) Residence: No. 754 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-12-1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME James

14. BIRTHPLACE (city or town) Pa;
(State or country)

MOTHER

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5/30 1937

19. UNDERTAKER Kelly & Williams
(Address) 322 Division St

20. FILED MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1937 to 5-26 1937

I last saw her alive on 5-26 1937 Death is said to have occurred on the date stated above, at 10:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
anoxemia due to anesthesia	5-26
Other contributory causes of importance: Scoliosis of spine	1yr

Was an operation performed? yes Date of 3-19-37 & 5-26-37

For what disease or injury? Scoliosis spine

Name of operation fusion of spine

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

yes If so, specify

(Signed) J. A. Hogue M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Name of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35942 — CERTIFICATE OF DEATH — F 35942

Registered No. 2105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 12-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ~~mos.~~ ~~ds.~~ How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth S. French.

(a) Residence: No. Hopkins Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~Single~~ widowed, ~~or Divorced~~ of ~~HUSBAND~~ (or) WIFE of: William B. French

6. DATE OF BIRTH (month, day, year) August 8, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine.

FATHER

13. NAME William LSouthard

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Lydia C. Dennis.

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Margaret F. Clarke.

(Address) 22 W 12th St. New York, N.Y.

18. ~~BURIAL~~, CREMATION, (OR REMOVAL)

Place London Park Date May 29 19 37

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED MAY 28 1937 ~~Wilkinson~~ Wilkinson, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~May~~ May 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of both jaws	
Internal Injuries	
Shock	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5/26/37 19

Where did injury occur? In front of 5712 Roland Ave (Specify city, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Tire blew out and car ran into tree

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Otto M. Reinhardt, M. D. Coroner

5/28/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35943

CERTIFICATE OF DEATH

F 35943

15-11 157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3602 Sequoia Ave. St., 15-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Gail Brewington

If U. S. Veteran specify WAR .....

(a) Residence: No. 3602 Sequoia Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Nov. 13, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ernest Walton Brewington

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Helen E. Finn

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ernest Walton Brewington
(Address) 3602 Sequoia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. 5/29/37 19

19. UNDERTAKER John O. Mitchell & Sons.
(Address) 1900 Eutaw Place

MAY 28 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933 to May 27, 1937

I last saw her alive on May 20, 1937 Death is said to have occurred on the date stated above, at 7.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-Congenital Malformation	
Other contributory causes of importance: Encephalocele Convulsion	

Was an operation performed? Yes Date of Nov. 1933

For what disease or injury? .....

Name of operation Removal Encephalocele

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) John O. Baldwin M. D.

(Address) 100 E. 33rd. St.

FILL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

35944

CERTIFICATE OF DEATH

√131 F 35944

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Callow Ave St. 13-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Mathilde Julia Amelia Schaefer

(a) Residence: No. 2700 Callow Ave St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed J. Chas Schaefer

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
72		21y	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Louis Mo.

FATHER

13. NAME Henry Eck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edgar C. Schaefer (Address) 4210 Bonner Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date May 29 1937

19. UNDERTAKER John A. Mitchell & Sons

(Address) 1937 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1932 to May 28, 1937

I last saw h.. alive on May 27, 1937 Death is said to have occurred on the date stated above, at 7.30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3 yrs
Chronic Myocarditis	5 yrs

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? ..

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jno A Schaefer M. D.

(Address) 3610 Keswick Road

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

328980 F 35945

CERTIFICATE OF DEATH

X 114-B

F 35945

Registered No.

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Read — If U. S. Veteran specify WAR .....

(a) Residence: No. Box 73 Ferguson Cove St., ... Ward. Savannah Ga.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ruth M. Read

6. DATE OF BIRTH (month, day, year) 9/26/85

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Wm Rice

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Virginia Wheaton

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Records. (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Savannah Ga Date May 28 1937

19. UNDERTAKER John Mitchell Sons (Address) 1900 Eastern Ave

20. FILED MAY 28 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19 - May 28 1937 to May 28 1937

I last saw h.E.R. alive on May 28 1937. Death is said to have occurred on the date stated above, at 2.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary abscess	Nov 1936
Other contributory causes of importance:	
	Poor

Was an operation performed? Yes Date of May 19, 1937

For what disease or injury? Pulmonary abscess

Name of operation Exploring Thoracotomy & drainage

What test confirmed diagnosis? Microscopic Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul A Kimball M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 35946

F 35946 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5645 Lovane Ave 27-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Johnson

(a) Residence: No. 5645 Lovane Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Goth

6. DATE OF BIRTH (month, day, year) 1-4 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

FATHER

13. NAME Clarence Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Co

MOTHER

15. MAIDEN NAME Josephine Woodfield

16. BIRTHPLACE (city or town) (State or country) A. A. Co

17. INFORMANT Edna Johnson (Address) 5645 Lovane Ave

18. BURIAL, CREMATION, OR REMOVAL Place Forest Hill Cemetery Date May 29 1937

19. UNDERTAKER May M. Medefield (Address) 1201 E. 22nd St.

20. FILED May 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) February 27 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21 1937 to May 27 1937

I last saw him alive on May 26 1937. Death is said to have occurred on the date stated above, at 12 Midnight.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3/2/37
Was a patient of Dr. Geo H. Fracker who is on a Trip to South America	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Sputum autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Tilson Porter M. D.

(Address) 4022 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35947

F 35933-3
32/33

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — 22-15 — Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Hirsch (Anna Hirsch) — If U. S. Veteran specify WAR ....

(a) Residence: No. 4453 Newport Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington C. Hirsch

6. DATE OF BIRTH (month, day, year) 7/27/61

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H - Wife (Housework)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Baltimore

FATHER

13. NAME Wilhelm Bockelman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elis Schwartz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date May 29th 37

19. UNDERTAKER J. M. Hiepner & Sons (Address) Md

20. FILED MAY 28 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1936 to May 27 1937

I last saw her alive on May 27 1937 Death is said to have occurred on the date stated above, at 3:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue and epiglottis	? 1936
Other contributory causes of importance:	

Was an operation performed? yes Date of Jan 17, 1937

What disease or injury? Carcinoma base of tongue

Name of operation Gastrostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
N.A. If so, specify .....

(Signed) Douglas Chamberlaine M.D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35948 #23731

3x9-95-B SF

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Hughes (Estelle Bruce Hughes)

If U. S. Veteran specify WAR

(a) Residence: No. 2019 N. Pulaski St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James B Hughes.

6. DATE OF BIRTH (month, day, year) 9/29/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	64	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange Co., Va.

FATHER

13. NAME Jeremiah Bruce

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Ests

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 29 1937

19. UNDERTAKER Wm. J. Lechner & Sons
(Address) Funeral Directors & Embalmers

20. FILED 19 Registrar.

MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-20-1937 to 5-27-1937

I last saw her alive on 5-27-1937 Death is said to have occurred on the date stated above, at 6:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	Unk.
	Over
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35949

CERTIFICATE OF DEATH

10-1 V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Forrest St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JOHN FRANCIS TIERNEY.

(a) Residence: No. 1117 Forrest St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	WHITE	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine M. Tierney

6. DATE OF BIRTH (month, day, year) June 28th. 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theatre Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Tierney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Griffin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine M. Tierney

(Address) 1117 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery May 31st 37

19. UNDERTAKER Chas F. Sauer Son

(Address) 118 W. Mt Royal Ave

20. FILED MAY 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th. 37

22. I HEREBY CERTIFY, That I attended deceased from May 19, 37 to May 27, 37

I last saw him alive on May 26, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	5th
Left	
Arterial Hypertension	?
Other contributory causes of importance: Chronic Interstitial Nephritis	?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

(Signed) William F. Geraghty M. D.

(Address) 10 E Biddle St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35950 3218-179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35950

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 13-4 131 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jane Hardwick Stevens

If U. S. Veteran specify WAR NONE

(a) Residence: No. 1609 Gwynns Falls Parkway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 9/12/05

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Student do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Music Student. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Lester Stevens

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mabell Dunn

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date May 29, 1937

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 N. North Ave.

MAY 28 1937 Washington Hill Station, Md.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May-4, 1937, to May-27, 1937

I last saw her alive on May-27, 1937. Death is said to have occurred on the date stated above, at 5:17 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, - Cardio - renal disease	over

Other contributory causes of importance:

none

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Urinary excretion test & Blood Pressure

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James H Lemmon M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35951

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35951

CERTIFICATE OF DEATH 23706--CM 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts St., 19-2 Ward)

Length of residence in city or town where death occurred 40yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Malachi Hines

(a) Residence: No. 1314 Fayette St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-12-1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4-	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Sam

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Morton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 28 1937 19
Commissioner of Health

19. UNDERTAKER Per U. A. Moore
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-19 1937 to 5-24 1937

I last saw him alive on 5-24 1937 Death is said to have occurred on the date stated above, at 6 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 das.
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) John F. Ramey M. D.
(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 28 1937

F 35952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35952

CERTIFICATE OF DEATH

95-B

9-9

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward)

Length of residence in city or town where death occurred 29yrs. yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henrietta Hamilton

(a) Residence: No. 1727 Harford Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Un.

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) Un.
(State or country)

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) Un.
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL MAY 28 1937 19....
Commissioner of Health

19. UNDERTAKER Per U. A. Moore
(Address)

20. FILED ..... Registrar.

MAY 28 1937

3245

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-23 1937 to 5-26 1937

I last saw her alive on 5-26 1937 Death is said to have occurred on the date stated above, at 6 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days.
Other contributory causes of importance: arteriosclerotic heart disease	?

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) H. A. Stowe M. D.

(Address) Balt. City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35953

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Baker St. | 5-6 97 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Gerstmyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2706 Baker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Gerstmyer

6. DATE OF BIRTH (month, day, year): Aug 24-1855

7. AGE — Years: 81 | Months: 9 | Days: 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown Hannibal

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Edith Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Frank Gerstmyer
(Address) 2706 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: May 29 37

19. UNDERTAKER: Geo. L. Berger Jr
(Address) 1512 Hollins St

20. [illegible] Arlington Hillsborough

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1937, to 5/27, 1937

I last saw h[illegible] alive on 5/26, 1937 Death is said to have occurred on the date stated above, at 4:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	(?)
Gangrene of toes	4/8/37

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? none

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. S. Dripps M. D.

(Address) 1326 W. Lombard St

MAY 28 1937

H

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 32395 HEALTH DEPARTMENT—CITY OF BALTIMORE F 25954

CERTIFICATE OF DEATH

XV 134

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 23 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Harding

If U. S. Veteran specify WAR .....

(a) Residence: No. 56-W. Delaware Ave St., ... Ward. Newark Del.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/1/90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	47	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. College Prof

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prof. of Math.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Alfred Harding

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Bertha Tonstone

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Newark Del. Date May 30 1937

19. UNDERTAKER Jno. J. Moran
(Address) 600 E. Baltimore St.

19. .....
(Address) .....

MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-28 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5th 1937 to May-28 1937

I last saw him alive on May-28 1937. Death is said to have occurred on the date stated above, at 6.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia — Sepsis	
Cor	

Other contributory causes of importance:

Coronary sclerosis arteriosclerotic Heart disease

Was an operation performed? Yes Date of 5-7-37

For what disease or injury? Nephrolithiasis

Name of operation Ureterolithotomy

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Winston M. Kelsey M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35955

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 131

CITY OF BALTIMORE: (No. ..... St. 7-5 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marion Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. Wittman Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 6/13/01

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ollie T Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Wittman MD. Date MAY 31 1937

19. UNDERTAKER John C Mitchell & Sons
(Address) 1900 Eutaw Place

MAY 28 1937 19 ..... Registrar
Huntington Hillman, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1937

22. I HEREBY CERTIFY, That I attended / deceased from Apr 28 1937 to May 28 1937

I last saw ~~him~~ alive on May 28 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hypertension	? Jan, 1937
	over

Other contributory causes of importance:

Enteritis ? Infarction	may, 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin C Shapiro M. D.

(Address) Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 35956

35956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis E. Watts.

(a) Residence: No. Pierson, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 6, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Missouri.

FATHER

13. NAME Louis W. Watts.

14. BIRTHPLACE (city or town) (State or country) Missouri.

MOTHER

15. MAIDEN NAME Grace Cunningham.

16. BIRTHPLACE (city or town) (State or country) Missouri.

17. INFORMANT Louis W. Watts. (father)
(Address) Pierson, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Pearsonmd Date 5/30 19 37

19. UNDERTAKER W. C. Mattingley
(Address) Leonardtown, Md.

FILED MAY 28 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 27/37 19 ...

Where did injury occur? Washington Blvd.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place near Elkridge, Md. Public Rd.

Manner of injury While riding Motor Cycle

Nature of injury Struck by Auto Trailer

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Steinhardt M. D.
Coroner

5/28/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35957

35957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 207-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leah P. Reeder

(a) Residence: No. Greenwood S C St., ... Ward. South Carolina

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Reeder

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Housewife~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenwood S C

FATHER

13. NAME Asbury Dantzler

14. BIRTHPLACE (city or town) (State or country) Greenwood S C

MOTHER

15. MAIDEN NAME Mary Butler

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Mamie Williams

(Address) Greenwood S C

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood S C Date May 28 1937

19. UNDERTAKER Robert Williams

(Address) 13-15 McElderry St

20. FILED ..... Registrar.

MAY 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Amputation L Foot.	
Multiple fractures of body	

Other contributory causes of importance:

Shock.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of injury 5/22/1937

Where did injury occur? Union Station Balto Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by a train (Penn. R.R.)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

35957

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-b

F 35958

35958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: CITY OF BALTIMORE: (No.) Johns Hopkins Hosp. (Ward) — Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wesley Calvin Jeffers — If U. S. Veteran specify WAR ....

(a) Residence: No. Marilyn Ave. St., Ward. Essex, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Lindsay Reed.

6. DATE OF BIRTH (month, day, year) Feby - 26 - 89

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bet Steel Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shearer Pt.

10. Date deceased last worked at this occupation (month and year) May 21 - 37

11. Total time (years) spent in this occupation 15 yr.

12. BIRTHPLACE (city or town) (State or country) Morgantown W. Va.

FATHER

13. NAME Moses C. Jeffers

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Katherine Boyce

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mrs Mary Jeffers
(Address) Marilyn Ave. Essex, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Bedford Pa. Date May 28. 37

19. UNDERTAKER Jos B. Connelly
(Address) Essex, Md.

Virginia Williams, Registrar.

28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Phosphorus Poisoning — Date of onset ....

Other contributory causes of importance: —

Was an operation performed? No — Date of ....

For what disease or injury? ....

Name of operation .... Date of ....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/25/ 1937

Where did injury occur? Marilyn Ave. Essex, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Ate rat poison - while he was drunk.

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Paul Schember M. D.
Coroner

(Address) 1914 E. North ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35959

CERTIFICATE OF DEATH

93-c

1-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2732 Dillon St. St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 45 yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Conrad

If U.S. Veteran specify WAR ....

(a) Residence: No. 2732 Dillon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Conrad

6. DATE OF BIRTH (month, day, year) Nov. 25, 1849.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Andrew Yeak,

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Catherine Conrad,

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT Phillip Conrad,
(Address) 2732 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date May 31 37

19. UNDERTAKER George W. Zinkler
(Address) 1737 E. Eager St

MAY 29 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937.

22. I HEREBY CERTIFY, That I attended deceased from 5-12-37, 19.., to 5-27-37, 19.....

I last saw her alive on 5-25-37, 19.. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 mos

Other contributory causes of importance:

None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. H. Herman, M. D.

(Address) 2913 Dillon St.

Instructions: Use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

23859 EB

F 35960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35960

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 26-11 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jeannette Morgan

(a) Residence: No. 911 S. East Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-9-1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	15	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John

14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER

15. MAIDEN NAME Catherine Link

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date May 31 1937

19. UNDERTAKER George W. Zickler
(Address) 1757 E Eager St

20. FILED ..... 19..... Registrar.

MAY 2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-25 1937 to 5-28 1937

I last saw her alive on 5-28 1937 Death is said to have occurred on the date stated above, at 12:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	3 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Kanney M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

35961 CERTIFICATE OF DEATH 183 F 35961

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. off 234 Key Highway. St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald Tates.(c) If U. S. Veteran specify WAR .....

(a) Residence: No. 1234 Edythe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 26,1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Donald Tates.(c)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Luvenia Tompkins.(c)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Luvenia Tates.(c) mother.
(Address) 1234 Edythe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 29 1937

19. UNDERTAKER Edw. Boston
(Address) 1241 Orleans St.

MAY 29 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25,1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while in bathing.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident. Date of injury May 25/37

Where did injury occur? off 234 Key. Highway.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury while in bathing.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

5/28/37 (Address) 1017 S. Charles St.

Information should be carefully supplied. All items to be filled EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

329695
35962

CERTIFICATE OF DEATH

✓ 46-e F 35962

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 27-7 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR X

2. FULL NAME Harry W. Gail

(a) Residence: No. 2824 Pinewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Emma L. Gail

6. DATE OF BIRTH (month, day, year): 2/12/64

7. AGE: Years 73 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0059
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md.

FATHER
13. NAME: Ed. Gail
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER
15. MAIDEN NAME: Christina Feut.
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Date 5/31/37

19. UNDERTAKER: L Hergmann & Son
(Address) 32 S. Broadway

20. FILED ... 19 ... Registrar.

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to May 28, 1937

I last saw him alive on May 28, 1937. Death is said to have occurred on the date stated above, at 12 09 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	
Peritonitis	May 20?
Pulmonary edema	May 27
Arteriosclerosis & hypertension	

Other contributory causes of importance:

Arteriosclerosis & hypertension	

Was an operation performed? yes Date of May 26, 1937

For what disease or injury? Intestinal obstruction

Name of operation Exploratory laparotomy & caecostomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. Richard Ferguson M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. Any blanks not answered will delay burial permit. Print plainly in ink. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35963

F 35963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen Hosp St. 24-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mrs. Frances Roessler

If U.S. Veteran specify WAR ....

(a) Residence: No. 2706 North Pond Post St., ... Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick L. Roessler

6. DATE OF BIRTH (month, day, year) July 14 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Matthew L. Looney

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Annie Walsh

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Frederick L Roessler

(Address) 2706 North Pond St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 31 1937

19. UNDERTAKER A. Howard Ellis

(Address) 1400-02 N Charles St

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27-37 19

22. I HEREBY CERTIFY, That I attended deceased from 4-17-37, 19 , to 5-27-37, 19

I last saw h[illegible] alive on 5-27-37, 19 Death is said to have occurred on the date stated above, at 9[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Hypertension	
Coronary Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Nathan Lozof, M. D.

(Address) South Balto Gen Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35964 HEALTH DEPARTMENT—CITY OF BALTIMORE 35964

CERTIFICATE OF DEATH

123897

122-A

SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Scales

If U. S. Veteran specify WAR

(a) Residence: No. 433 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar

6. DATE OF BIRTH (month, day, year) 10/26/1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Washington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Jenson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date 6-1 1937

19. UNDERTAKER J.J. Heimbuchers
(Address) Edmondson City Md.

20. FILED MAY 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1937 to 5-28 1937

I last saw her alive on 5-28 1937 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated umbelical hernia	3 days
Uterine fibroids	?
Post-operative atelectasis	2 days
Other contributory causes of importance: Pulmonary emboli	2 days
Secondary anemia	

Was an operation performed? yes Date of 5-26-37

For what disease or injury? Strangulated Umbelical hernia + uterine fibroids

Name of operation Herniaplasty - Hysterectomy supra vaginal Operation

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. L. C. Brannigan M. D.
(Address) Baltimore City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35965 ✓82-a F 35965

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 839 Hollins St., 18-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 9 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Reinhardt

(a) Residence: No. 839 Hollins St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Reinhardt.

6. DATE OF BIRTH (month, day, year) Aug 14 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Frank

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Lizetta Workman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Irvin Frank Reinhardt.

(Address) 839 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date 5-29th 1937

19. UNDERTAKER Mrs Chas. A. G. Rohde

(Address) 2327 Edmondson Ave

20. FILED [illegible] 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 1937 to May 27 1937

I last saw h[illegible] alive on May 27 1937 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 25th 1937
Arterio Sclerosis	Several years

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) Y. Labotz M. D.

(Address) 2945 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

[illegible] 28 [illegible]

Dr. Labotz 2945 St Paul Saturday at 5 AM

F 35966

F 35966 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Stricker St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles R Ford

If U. S. Veteran specify WAR .....

(a) Residence: No. 910 Stricker St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Blanche Ford

6. DATE OF BIRTH (month, day, year) mar. 14 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Warrington Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Blanche Ford

(Address) 910 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Edmondson Cemetery Date May 29 1937

19. UNDERTAKER F. E. Nelson

(Address) 1303 Pennsylvania Ave

20. FILED ..... 19 ..... Clayton Williams, M.D.

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/3, 1937, to 5/26, 1937

I last saw him alive on 5/25, 1937. Death is said to have occurred on the date stated above, at 5:4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis *	
Acute Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Clayton Williams M. D.

(Address) 2124 E. Pratt St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35967

35967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23760--CM

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 15-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Davis

If U. S. Veteran specify WAR

(a) Residence: No. 1818 Woodyear St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Patrick

6. DATE OF BIRTH (month, day, year) 3-1-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lonenbert, Va.
(State or country)

FATHER

13. NAME Branch Hardy

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Julia Clock

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/29/37 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Baltimore St.

20. FILED MAY 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1937 to 5-26, 1937

I last saw her alive on 5-26, 1937 Death is said to have occurred on the date stated above, at 10 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 dys.
Other contributory causes of importance:	
Arteriosclerotic gangrene of foot	2 wks.

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W A Hoover M. D.

(Address) Balt. City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35968

F 35968 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Miller St. 7-5 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie [Lota] Mitchell

(a) Residence: No. 1623 Miller St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (or) WIFE of Charles E. Mitchell

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Appror 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ——— Burke

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles H. Mitchell
(Address) 1623 Miller St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 29, 1937

19. UNDERTAKER Robert Goodwin
(Address) 501 W. Caroline St.

MAY 29 1937 Washington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to 5/26, 1937

I last saw her alive on 5/26, 1937 Death is said to have occurred on the date stated above, at 5:25 m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chr. myocarditis	?
Arterio-sclerosis	?
Other contributory causes of importance:	
chr. Interstitial Nephritis	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Raymond Browne M. D.

(Address) 1500 E. Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35969

35969 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35969

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Miller St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E. Mitchell

(a) Residence: No. 1623 Miller St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Lottie Mitchell

6. DATE OF BIRTH (month, day, year): ?

7. AGE: Years: Approx 74 Months: Days: If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Charles H. Mitchell

(Address) 1623 Miller St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 29 1937

19. UNDERTAKER: Robert E. Young

(Address) 500 N. Caroline St.

Huntington Williams, Jr.

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1937 to 5/26, 1937

I last saw him alive on 5/26, 1937. Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	?
Arterio-sclerosis	?
Chronic myocarditis	?
Other contributory causes of importance:	
chr. Interstitial Nephritis	?

Was an operation performed? NO Date of ...

For what disease or injury? ...

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify NO

(Signed) Rayner Brown M. D.

(Address) 1500 E. Madison St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35970

CERTIFICATE OF DEATH

F 35970

Registered No. 15213

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Found floating off Fort McHenry (Md.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 0 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James J. Daley.

(a) Residence: No. 3133 O'Donnell St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 22, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman, Standard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Company.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James P. Daley.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Catherine Fecher.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Charles L. Daley. (brother)

(Address) 3133 O'Donnell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date May 29, 1937

19. UNDERTAKER Lilly & Zeiler, INC.

(Address) 403 S. Wolfe St.

MAY 29 ... Registrar 5/28/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found May 17, 1937 May 27, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May. 17. 37. 19

Where did injury occur? Found floating off Ft McHenry (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Fall from barge #2

Nature of injury Standard Oil Co

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

Address 1017 S. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35971

CERTIFICATE OF DEATH

F 35971

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Hughes Butterfield

If U. S. Veteran specify WAR

(a) Residence: No. 4 Hilton Court Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Wentz Butterfield

6. DATE OF BIRTH (month, day, year) May 17, 1874

7. AGE: Years 63 | Months 0 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ches. Paper Board Co.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown, Ohio

FATHER

13. NAME Wendell P. Butterfield, Sr.

14. BIRTHPLACE (city or town) (State or country) New. Hampshire

MOTHER

15. MAIDEN NAME Elizabeth Hughes

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT (Address) Mr. Clarence H. Butterfield, 461 Neal Ave. Dayton Ohio.

18. BURIAL, CREMATION, OR REMOVAL

Place Dayton, Ohio Date May 29, 1937

19. UNDERTAKER: (Address) Wm. J. Tipker & Son Mott & Ha Ave

5-29-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937 to May 28 1937

I last saw h alive on May 28, 1937 Death is said to have occurred on the date stated above, at 2 67 m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor (Infiltrating, Right Parietal Lobe)

Date of onset 11-36

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify It was not

(Signed) Robert H. Ivey M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35972

CERTIFICATE OF DEATH

F 35972

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Wilhelmina Wilhelmina Willis

(a) Residence: No. 121 Harrison St. St., Ward. Easton, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. McKenny Willis

6. DATE OF BIRTH (month, day, year) Dec 7 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME William H Seth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah E Hopkins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT J. McKenny Willis
(Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Long Hill Easton Md Date May 31, 1937

19. UNDERTAKER James A Spence
(Address) Easton Md

20. FILED MAY 29 1937 Huntington Williams, M.D. Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937, to May 28, 1937

I last saw h[illegible] alive on May 28, 1937, Death is said to have occurred on the date stated above, at 8.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	5/27
Uremia.	5/28
Contra. vascular renal syndrome.	1929

Other contributory causes of importance:

Name of operation Cholecystectomy appendectomy Date of 5/27

What test confirmed diagnosis? clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Jeanne Mark, M. D.

(Address) Church Home & Infirmary

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35973

CERTIFICATE OF DEATH

50 F 35973

1. PLACE OF DEATH: Edgewood Sanitarium
CITY OF BALTIMORE: (No. 6000 Bellona Ave. St., 26-4 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: MARGARET KATHERINE VELTE
If U. S. Veteran specify WAR

(a) Residence: No. 3720 Hudson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Velte

6. DATE OF BIRTH (month, day, year): Sept. 4. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Frederick C. Lang
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Minna Magaw
16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Mr. George Lang. (Brother)
(Address): 102 St. Albans Way

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cemetery Date: May 29. 1937

19. UNDERTAKER: HENRY SANDER & SONS. INC.
(Address): Baltimore & Broadway.

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25th, 1937 to May 28th, 1937
I last saw her alive on May 28th, 1937 Death is said to have occurred on the date stated above, at 8.30p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Recurrence Carcinoma of Breast	
secondary to a primary Breast Carcinoma of	
Other contributory causes of importance: Breast operated on 10 years ago	

Was an operation performed? Yes Date of 10 years ago
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Johnson Busk M. D.
(Address) 5 Club Rd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35974

CERTIFICATE OF DEATH

✓107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Whatcoat St. 16-2 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm. Jackson

(a) Residence: No. 1105 Whatcoat St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Regina Jackson

6. DATE OF BIRTH (month, day, year) May 19, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 0040

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Jackson

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Lilly Gray

16. BIRTHPLACE (city or town) (State or country) Orapeake Va

17. INFORMANT Thomas Jackson
(Address) 307 Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 30, 1937

19. UNDERTAKER V. A. Brooks
(Address) 1463 N. Carey St

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1937, to 5-27, 1937

I last saw him alive on 5-27, 1937. Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	5-25-37
Other contributory causes of importance: Bronchitis	2 wks

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Saunders M. D.

(Address) 1029 N. Stricker St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35975

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. 18-3 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 8 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Estelle L. Carlton

(a) Residence: No. 587 Fremont Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William G. Carlton.

6. DATE OF BIRTH (month, day, year) Nov. 20. 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) April 14, 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Moore Corbett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Keckler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William G. Carlton

(Address) 587 Fremont Ave Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 5/29/1937

19. UNDERTAKER John J. Cowan & Co.

(Address) 901 Gilmor St.

FILED MAY 29 1937 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14. 1937 to May 25. 1937

I last saw h.e.l. alive on May 25. 1937. Death is said to have occurred on the date stated above, at 1 2-4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia Hypostatic	5/21/37
(b)	
(c)	
(d)	

Other contributory causes of importance:

Carcinoma of Stomach

Intestinal Stasis

Was an operation performed? Yes Date of 5/12/37

For what disease or injury? Carcinoma of Stomach

Name of operation Post Cecostomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph G. Baetjer M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3401 Greenway St., 12-2 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Garner

(a) Residence: No. 3401 Greenway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lee Garner

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 1070

12. BIRTHPLACE (city or town) (State or country) Alexandria Va

FATHER

13. NAME Peter Lindsay

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie Lindsay

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lee Garner

(Address) 3401 Greenway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 5/30 1937

19. UNDERTAKER Rayner Sanders

(Address) 1493 E. Preston St

(Signature of Undertaker)

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to May 27, 1937

I last saw him alive on May 27, 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of (importance were as follows:

Cerebral hemorrhage — Date of onset May 2

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Garland Chenault, M. D.

(Address) 1534 - Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35977 — CERTIFICATE OF DEATH — F 35977

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 10-1 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Geiling — If U. S. Veteran (Specify WAR)

(a) Residence: No. Valley St.; Little Sisters of the Poor (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Geiling

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margt Saul

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Little Sisters of the Poor

(Address) 1200 Valley St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 29 1937

19. UNDERTAKER Rita Winfield

(Address) 914 Greenmount Ave

20. [illegible] [redacted]

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-3-, 1937, to 5-27, 1937

I last saw her alive on 5-3-37, 19... Death is said to have occurred on the date stated above, at 10:0 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease & decompensation	
Other contributory causes of importance: Carbuncle left thigh	Apr. '37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hosp. Tal

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

35978 E 35978

CERTIFICATE OF DEATH

139-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Morgan

If U. S. Veteran specify WAR

(a) Residence: No. Jones station Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colrd	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Morgan

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. & Co

FATHER

13. NAME John Carr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Esther Carr

(Address) Jones Station

18. BURIAL, CREMATION, OR REMOVAL

Place Jones Sta. A. & C. Cv. Date May 31. 1937

19. UNDERTAKER J. B. Tolman

(Address) Annapolis

MAY 29 1937

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to May 29, 1937

I last saw her alive on May 29, 1937. Death is said to have occurred on the date stated above, at 2.30 A. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following gangrenous twisted ovarian cyst + right	May 17
Secondary Pulmonary Edema	
Generalized Toxemia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of May 26, 1937

For what disease or injury? Twisted Ovarian Cyst

Name of operation Excision of Cyst, Drainage

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gibson J. Wells M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35979

CERTIFICATE OF DEATH

X V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital Ward)

Registered No.

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 2 dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Guido

If U.S. Veteran specify WAR

(a) Residence: No. 604 S. 46th St. St., 16-6 Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Anthony Guido

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Helen Anweck

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Gold C. N. (Address) West Balto Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAY 29 1937, 19

Commissioner of Health

19. UNDERTAKER

(Address) For J. J. Moore

20. FILED 19 Registrar

MAY 29 1937 Huntington Millcastle, MD

No. 13247

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937 to May 26, 1937

I last saw he alive on May 26, 1937 Death is said to have occurred on the date stated above, 12:34 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6½ mo.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Melba Lam, M. D.

(Address) M. D

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35980 F 35980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Gundo

If U.S. Veteran specify WAR

(a) Residence: No. 606 S. 40th St., 16-6 Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anthony Gundo

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Helen Angreck

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT (Address) M. Lazd R.N. West Balto Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL MAY 29 1937 Commissioner of Health

19. UNDERTAKER (Address) Per L. A. Koon

20. FILED MAY 29 1937 Washington Williams, MD

3246

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937 to May 27, 1937

I last saw her alive on May 27, 1937 Death is said to have occurred on the date stated above, at 7.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6½ mo.	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Lowe, M. D.

(Address) W B 816

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 29 1937

F 35981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35981

CERTIFICATE OF DEATH

66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Agnes Davis

If U. S. Veteran specify WAR

(a) Residence: No. Bel Air, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of J Grover Davis

6. DATE OF BIRTH (month, day, year) Nov 15-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dublin Md

FATHER

13. NAME Jacob Addison

14. BIRTHPLACE (city or town) (State or country) Saw Mill Md

MOTHER

15. MAIDEN NAME Eliz Mc Bennett

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT J Grover Davis
(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date June 1 1937

19. UNDERTAKER Dean & Forler
(Address) Bel Air Md

20. FILED 19 Registrar

MAY 30 1937 Lexington Hill, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/25/ 1937 to 5/29/ 1937

I last saw her alive on 5/29/ 1937 Death is said to have occurred on the date stated above, at 1:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Goiter	1930
Chronic Myocarditis (Interstitial)	1932
Myocardial Failure - acute	5/29/37
Other contributory causes of importance:	
Thrombophlebitis	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. B. Smith M. D.

(Address) Union Memorial Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

F 35982

F 35982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1117B

1. PLACE OF DEATH City of Baltimore

CITY OF BALTIMORE: (No. ... St. 28-2 ... Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Robert E. Finnell

(a) RESIDENCE NO. 4410 Kathland Ave St. ... WARD ...

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 7 mos. ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Rosetta Finnell

6 DATE OF BIRTH (month, day, and year) Dec. 29, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Street car conductor 0078

(b) General nature of industry business, or establishment in which employed (or employer) transporting street rail way passengers

(c) Name of employer United Railways Co.

9 BIRTHPLACE (city or town) (State or country) Monongalia Co. West Virginia

PARENTS

10 NAME OF FATHER Robert E. Finnell

11 BIRTHPLACE OF FATHER (city or town) Monongalia Co. W. Va. (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Susan Brand

13 BIRTHPLACE OF MOTHER (city or town) Monongalia (State or country) West Virginia

14 Informant Robert A. Loar (Address) 346 Virginia Ave Morgantown

15 Filed MAY 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28, 1937

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936, to ... more or less that I last saw h... alive on 28th day of May 1937 and that death occurred, on the date stated above, at 11.30 m.

The CAUSE OF DEATH* was as follows:

Perforating duodenal ulcer.

(duration) 2 yrs. or more ds.

CONTRIBUTORY (Secondary) Chronic indigestion

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? Yes Date of Nov. 1, 1936

Was there an autopsy? No.

What test confirmed diagnosis? General clinical symptoms

(Signed) O. H. Hoffmann M. D.

5/29 1937 (Address) 2300 Garrison Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Morgantown Monongalia Co. W. Va.

DATE OF BURIAL May 30 1937

20 UNDERTAKER Bertram W. Fox ADDRESS 222 Spruce St

NOTICE—PLEASE WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

35983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35983

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Monroe St. 50-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August C. H. Dorr

If U. S. Veteran specify WAR .....

(a) Residence: No. 3227 Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Dorr

6. DATE OF BIRTH (month, day, year) Nov. 4. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0634

10. Date deceased last worked at this occupation (month and year) 37

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma M. Dorr

(Address) 3227 Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date May 31. 1937

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 501 W. Fayette St

20. FILED ... 19 ... Registrar.

MAY 30 1937 Lexington Millinery, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 - 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35984

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Roberts Sr.

(a) Residence: No. 1735 E. Eager St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Roberts

6. DATE OF BIRTH (month, day, year) July 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Roberts

(Address) 1025 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cemetery Date 5-31- 1937

19. UNDERTAKER Byron & Marmie W. Knight

(Address) 128 N. Caldwell St

20. FILED 19 Registrar

MAY 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

I. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35985

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Barnes St. 7-4 (Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR .....

2. FULL NAME William Sayler

(a) Residence: No. 1713 Barnes St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Sayler

6. DATE OF BIRTH (month, day, year) April 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004-8

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Howard Chappell

(Address) 1611 Forth Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 5-30-1937

19. UNDERTAKER Bayard M. Jamie W. Wright

(Address) 1218 McCulloh St

20. FILED ..... 19 ..... Registrar .....

MAY 30 1931 Washington Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 26 1937

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) George L. Allen, M. D.

(Address) 507 Augusta Ave

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 35986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35986

CERTIFICATE OF DEATH

Registered No. 9-5-131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William D. Child

(a) Residence: No. 811 Gorsuch Ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Child

6. DATE OF BIRTH (month, day, year) July 11-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0050

10. Date deceased last worked at this occupation (month and year) Apr

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bultimore Md

FATHER

13. NAME William Child

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Mc Nally

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Helen J. Childs 811 Gorsuch ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem Date June 1 '37

19. UNDERTAKER (Address) Chas F. Grace & Son 1131 Wmst Royal Ave

20. FILED ... 19... Registrar

MAY 30 1937 Lington Thurston

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937 to May 29, 1937

I last saw him alive on May 29, 1937 Death is said to have occurred on the date stated above, at 5.10 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertension
Chronic Nephritis
Uremia

Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Raymond J. Fagan, M. D.

(Address) Mercy Hospital

E. B. WHITE PENAL, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35987 ✓ F 35987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3026 Wilkens Ave St. 15-L Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Bayman Irvine

If U. S. Veteran specify WAR .....

(a) Residence: No. 3026 Wilkens Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) DEC. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housedutier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jas. B. Irvine

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md

MOTHER

15. MAIDEN NAME Mary Agnes McKeown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert E. Irvine

(Address) 3026 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date May 31 1937

19. UNDERTAKER Manuel G. Eppel

(Address) 1600 W. North Ave.

20. FILED ..... 19 ..... Registrar

MAY 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28 1937

22. I HEREBY CERTIFY, That I attended deceased from March 6 1936 to May 28 1937

I last saw him alive on May 28 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest D. Kalm M. D.

(Address) 3005 W. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35988

35988 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 19716 J8 97-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 19-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Ida Wiest

(a) Residence: No. 323 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) 9-9-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Frederick Wiest

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Susan Davis

16. BIRTHPLACE (city or town) (State or country) Zanesville Ohio

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 31st 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MAY 30 1937 Lexington Mortuary, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-24-1936 to 5-29-1937

I last saw h. alive on 5-29-1937. Death is said to have occurred on the date stated above, at 2:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	24 Hrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F Ramsey M. D.

(Address) Baltimore City Hosp

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35989

F 35989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 St. Joseph Hospital St., 8-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret R. Van Haverbeke

If U. S. Veteran specify WAR .....

(a) Residence: No. 1810 N. Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 2, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pajama Factory

10. Date deceased last worked at this occupation (month and year) 5/28/37

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Rene Van Haverbeke

14. BIRTHPLACE (city or town) (State or country) Belgium

MOTHER

15. MAIDEN NAME Mary Rikenstaas

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mary Van Haverbeke

(Address) 1810 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 31st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 ..... Registrar

MAY 31 1937 Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5, 28, 1937

Where did injury occur? Federal & Gulford Ave. Balto, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell Part 3rd Story Window

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1917 E. North Ave.

F 35990

M. D. H. 1925-9

F 35990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St. 2-2 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Scroggs

(a) Residence: No. 1608 E Pratt St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Married Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Robert Scroggs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Monica Hart

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Lavinia Moore

(Address) Towson Md.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 5-31 1937

19. UNDERTAKER Wilson Bros

(Address) 1317 W Pratt St

20. FILED MAY 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/22 1937 to 5/27/37 1937

I last saw h-r alive on 5/27/37 1937 Death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Grip)	
Other contributory causes of importance: Tuberculosis (Bilateral)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Manuel Sodaro M. D.

(Address) Franklin Square Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35991 HEALTH DEPARTMENT—CITY OF BALTIMORE 35991

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2627 Lehmann St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Shipley

If U. S. Veteran specify WAR .....

(a) Residence: No. 2627 Lehmann St., 20 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Shipley

6. DATE OF BIRTH (month, day, year) Nov. 16-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	6	12.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME John S. Shipley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lehmann

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Albert S. Shipley

(Address) 2627 Lehmann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 31- 1937

Fee

19. UNDERTAKER F. B. Stifflett & Son

(Address) 300 Eutaw Place

20. FILED MAY 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/11 1937 to 5/28 1937

I last saw h.. alive on 5/26 1937. Death is said to have occurred on the date stated above, at 4.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Senilis	
Chr Myocarditis	Slow

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. B. Luther Lord M. D.

5/29/37 (Address) 1901 Eutaw place

MAY 31 1937

35992 F 35992

35992 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Belverdere Ave St. 27-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Ward

If U. S. Veteran specify WAR .....

(a) Residence: No. 3708 Belverdere Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Georgia Ford

6. DATE OF BIRTH (month, day, year) Mar 31 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car conductor 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit Co

10. Date deceased last worked at this occupation (month and year) 1 yr

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md

FATHER

13. NAME Dora Ward

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ida N eblich

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Georgia Ward

(Address) 3708 Belverdere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Cem Date May 31, 1937

19. UNDERTAKER John Ellicott & Sons

(Address) .....

20. FILED MAY 31 1937 Preston Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 1934 to May 28 1937

I last saw h[illegible] alive on May 27, 1937 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs
Other contributory causes of importance:	
Laryngeal Tuberculosis	about 1 year

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Durant Thomas M. D.

(Address) 1716 E. Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 31 1937

F 35993

O.K. Paul Schenker M.D. F 35993

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Sauer Sause

(a) Residence: No. 6612 Fairfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sause

6. DATE OF BIRTH (month, day, year) Jan 8 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0034

10. Date deceased last worked at this occupation (month and year) 9/7 | 11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Sause

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Sause Jr
(Address) 3100 Fait ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date May 31. 1937

19. UNDERTAKER John Ulrich
(Address) 2238 Eutaw

20. FILED 19 Eugene Williams, M.D.

MAY 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May . 1937 to May 27 . 1937

I last saw him alive on May 27 . 1937 Death is said to have occurred on the date stated above, at 12.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular renal disease	
Other contributory causes of importance:	
Myocardial insufficiency	4/27/37
Coronary occlusion	5/27/37

Name of operation Date of

What test confirmed diagnosis? C.L. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Louis F. Krumm M. D.

(Address) 722 No. Kenwood ave

Spec.—2-29-28—L. F. S.—500 Bks.

F 35994

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 35994

CERTIFICATE OF DEATH

93-C

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 E North Ave ST.) (8-5 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Louisa Catherine Krause

(a) RESIDENCE NO. 1529 E North Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Krause

6 DATE OF BIRTH (month, day, and year) June 13-1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Andrew Drude

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Louise Krause (daughter)
(Address) 1529 E North Ave

15 Filed MAY 30 1937 Eugene Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/29/37

17 I HEREBY CERTIFY, That I attended deceased from March 1935 to May 29 1937,
that I last saw h alive on May 28 1937
and that death occurred, on the date stated above, at 1.52 a. m.

The CAUSE OF DEATH* was as follows:

General arteriosclerosis
Chronic myocarditis.

(duration) 2 yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Cardiac insufficiency. Pulmonary oedema (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? None.

(Signed) George A. Bowden, M. D.

5/29/1937 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oak Lawn Cem	May 31 1937
20 UNDERTAKER John Ulrich	ADDRESS 2007 Aisquith

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 35995 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35995

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 1-4 Ward) Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Veronika Grabowski If U. S. Veteran specify WAR

(a) Residence: No. 2209 Essex St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ignacy Grabowski

6. DATE OF BIRTH (month, day, year) Jan. 8 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Rycink

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Telakowicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ignacy Grabowski (Address) 2209 Essex St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 31 19 37

19. UNDERTAKER Fred W Ozazewski (Address) 1030 Eastern Ave.

FILED MAY 31 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Wright Coroner M. D.

(Address) 1010 S. Bethel St Ave

V86

16

35996

HEALTH DEPARTMENT—CITY OF BALTIMORE

35996

CERTIFICATE OF DEATH

34-E-82-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Hall

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward. Woodbine Md

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) Montgomery

MOTHER

15. MAIDEN NAME Laura King

16. BIRTHPLACE (city or town) (State or country) Montgomery

17. INFORMANT M. L. Johnson

(Address) Woodbine Md

18. BURIAL, CREMATION, OR REMOVAL

Place Daisy Cem. Date June 2, 1937

19. UNDERTAKER H. M. Snyder

(Address) Mt. Airy Md

20. FILED 19 Registrar.

MAY 31 1937 Huntington Prince Georges, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937, to May 30, 1937

I last saw h alive on May 30, 1937. Death is said to have occurred on the date stated above, at 6 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	5-12-37
C.N.S. Syphilis	2
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Warren, M. D.

(Address) Union Hosp

E 35997 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35997

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. Hosp. St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Susan T. Gosnell

If U.S. Veteran specify WAR .....

(a) Residence: No. Reisterstown, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Roy L. Gosnell

6. DATE OF BIRTH (month, day, year): 1871, 3, 18

7. AGE — Years: 66 | Months: 2 | Days: 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .0937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dart Home Md

FATHER

13. NAME: Rumrod Dell

14. BIRTHPLACE (city or town) (State or country): Dart Home

MOTHER

15. MAIDEN NAME: Marguerite Davis

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Roy L. Gosnell, Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Wards Chapel Date: June 2 1937

19. UNDERTAKER (Address): Wm. Berry Gray & Sons, Reisterstown, Md.

MAY 31 1937

Washington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-30-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-5-37. 19 . to 5-30-37. 19

I last saw her alive on 5-30-37. 19 . Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset .....

Other contributory causes of importance:

Cholecystitis

Was an operation performed? Yes Date of 4-9-37

For what disease or injury? Cholecystitis

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leonard C. Lund, M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35998 HEALTH DEPARTMENT—CITY OF BALTIMORE F 35998

327838

CERTIFICATE OF DEATH X 122-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 16 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Mastronardi

If U. S. Veteran specify WAR

(a) Residence: No. 15 Oak St St., Ward. New York City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 4/23/01

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	35	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfrs Paper Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Nicholas Mastronardi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Margaret Gallanti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Calvary Cemetery N.Y. May 30 1937

19. UNDERTAKER Marsden C. Fork
(Address) 1217 St Paul St

20. FILED MAY 31 1937, 19
Registrar.

MAY 31 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May - 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from April - 14, 1937, to May - 30, 1937.

I last saw him alive on May 30, 1937. Death is said to have occurred on the date stated above, at 3 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolus	5-20-37
Other contributory causes of importance: Rheumatic heart disease	1929

Was an operation performed? Yes Date of 4-23-37 5-20-37

For what disease or injury? Inguinal hernia

Name of operation Hernia repair, bilateral

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick C. Wolbers M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 35999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 35999

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-4 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eugene Haythe (11902)

(a) Residence: No. 208 W. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 23, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Eugene Haythe

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Carrie Paton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Md. Date 5-31 19 37

19. UNDERTAKER Jas. Jno. Shipley
(Address) 1119 Pennsylvania Ave

20. FILED 19 ..... [illegible]

MAY 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1936 to May 29, 1937

I last saw him alive on May 29, 1937 Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Jan 1936
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leon H. Feldman M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36000

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 Clifton Ave 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E Kennedy

If U. S. Veteran specify WAR .....

(a) Residence: No. 1648 Clifton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter A. Kennedy

6. DATE OF BIRTH (month, day, year) 5-12-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Ellard

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen MacGleen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Catherine Kennedy

(Address) 1648 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 5/31 19 37

19. UNDERTAKER Leonard J Hunt

(Address) 1305 Harford Ave

20. FILED ..... 19 ..... Registrar

MAY 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1937, to May 27, 1937, last saw her alive on May 27, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1935
Other contributory causes of importance: Generalized Arteriosclerosis	1933

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Tumor Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Samuel E Wolfe M. D.

(Address) 1337 Eutaw Pl

F 36001

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36001

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1102 Bond Ct St. 18-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Taylor

If U. S. Veteran specify WAR

(a) Residence: No. 1102 Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col'd	Widr

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing 0014 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Geo Taylor
(Address) 1102 Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 6/1/37 19

19. UNDERTAKER Clay & Watson
(Address) 1050 Brantly ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 19 37 to May 27 19 37

I last saw h alive on May 26 19 37 Death is said to have occurred on the date stated above, at 7 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic disease of Heart	?
Other contributory causes of importance: Senile Decay	Long

Was an operation performed? No Date of

For what disease or injury?

Name of operation No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Norwood M. D.

(Address) 907 W Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS . . . A PERMANENT RECORD. Every item of information should be carefully supplied . . . be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 31 1937

E 36002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36002

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH — Registered No. 48

CITY OF BALTIMORE: (No. 456 S. Smallwood St. 20-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora L. Streib — If U. S. Veteran specify WAR

(a) Residence: No. 456 S. Smallwood St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob P. Streib

6. DATE OF BIRTH (month, day, year) December 2, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George J. Spittel

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Louise C. Voll

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. Jacob P. Streib (Address) 456 S. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 31, 19 37

19. UNDERTAKER Fritz F. Wittstadt (Address) 101 Woodson Ave.

20. FILED MAY 31 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 to May 28 1937

I last saw her alive on May 27 1937 Death is said to have occurred on the date stated above, at 6:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	
Cervix, Intestines, uterus	
probably primary site ? diagnosed	Feb. 14, 37

Other contributory causes of importance: None

Was an operation performed? No Date of Feb. 14, 1937

For what disease or injury?

Name of operation None except D & C.

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas B. Schreiber M. D.

(Address) 3918 Reisterstown Rd

F 36003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36003

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 N. Monroe St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Feldman

If U. S. Veteran specify WAR .....

(a) Residence: No. 2327 N. Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Samuel

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr M. Feldman
(Address) Entaw Pl

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 31, 1937

19. UNDERTAKER Fok & Morrison & Bros
(Address) 117 E. Balto St

20. FILED MAY 31 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1936, to May 31, 1937

I last saw h. alive on May 30, 1937. Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	1936
Other contributory causes of importance: Metastases to Liver.	

Was an operation performed? Yes Date of Feb. 1937

For what disease or injury? Gallstones

Name of operation Cholecystectomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Morrison M. D.

(Address) 1013 N. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36004

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5614 York Rd 27-17 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hester W. Owings

If U. S. Veteran specify WAR .....

(a) Residence: No. 5614 York Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Owings

6. DATE OF BIRTH (month, day, year) July 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ind. Indiana

FATHER

13. NAME Hatfield

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Rachel Gosnell

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Martha Owings

(Address) 5614 York Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 1, 1937

19. UNDERTAKER John A. Major

(Address) 2600 E. Biddle St.

20. FILED ..... 19 .....

MAY 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937 to May 28, 1937

I last saw her alive on May 28, 1937. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/23/37
Other contributory causes of importance: Essential Hypertension	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Gibson Porter, M. D.

(Address) 4822 Roland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36005
#15574
SF

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Bailey

If U. S. Veteran specify WAR

(a) Residence: No. 2601 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alfred Bailey

6. DATE OF BIRTH (month, day, year): 7-7-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 2069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Va.

FATHER

13. NAME: E. J. Crump

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Martha ~~Miller~~ Mueller

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem Cremation Date: May 31 1937

19. UNDERTAKER: Charles G. Black
(Address) 742 N. Gaith Ave.

20. FILED 19 Registrar.

MAY 31 1937 H. Leighton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-27 1932 to 5-29 1937

I last saw her alive on 5-29 1937 Death is said to have occurred on the date stated above, at 5 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	13 days.
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M.D.

(Address) Baltimore City Hospitals

F 36006

F 36006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 Madison Ave St. 13-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alma A. Harper

If U. S. Veteran specify WAR

(a) Residence: No. 2432 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Drew Harper

6. DATE OF BIRTH (month, day, year): Apr. 3, 1899

7. AGE: Years 38 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: William Pearce

14. BIRTHPLACE (city or town) (State or country): Mass

MOTHER

15. MAIDEN NAME: Annette Crowner

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Kate P. Jones (Aunt)
(Address) 2432 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date 6/1/37

19. UNDERTAKER: John M. Johnson
(Address) 1700 Druid Hill Ave.

20. FILED MAY 31 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1937 to May 29, 1937

I last saw alive on May 29, 1937. Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
20a. Coma	5-29-37

Other contributory causes of importance:

None

Was an operation performed? None Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what duty

(Signed) [illegible] M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 31 1937

F 36007

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36007

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise H Cook

If U. S. Veteran specify WAR .....

(a) Residence: No. 422 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Cook

6. DATE OF BIRTH (month, day, year) July 15-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joseph Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie King

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Virginia Smith

(Address) 1424 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bridgeton N J Date June 2 1937

19. UNDERTAKER Thomas E Nelson

(Address) 1303 Presstman St

20. FILED MAY 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 29 1937

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo L Allen M. D.

(Address) 507 Druid Hill Ave

F 36008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36008

CERTIFICATE OF DEATH

Tucker ✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lawndale Hospital 16-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Anderson Sunkes

If U. S. Veteran specify WAR

(a) Residence: No. 1420 W Lawndale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 30-1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Sunkes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Arnetta Langley

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Arnetta Langley

(Address) 1420 Lawndale St

18. BURIAL, CREMATION OR REMOVAL

Place Mt Auburn Date June 1 1937

19. UNDERTAKER S. W. Chase & Son

(Address) 618 N. Gilmore st

20. FILED ... 19 ... Registrar.

MAY 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	May 21 1937
Fractured Femur	
Hemorrhage	

Other contributory causes of importance: None

Was an operation performed? None Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 21 1937

Where did injury occur? 1420 W Lawndale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell out of 2nd story

Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? ...

If so specify ...

(Signed) ... Coroner, M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36009 HEALTH DEPARTMENT—CITY OF BALTIMORE V E 36009

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Ruskin Ave St. 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Nicholes Kirby

If U. S. Veteran specify WAR

(a) Residence: No. 2204 Ruskin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katie Kirby

6. DATE OF BIRTH (month, day, year) Sept 2 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Easton
(State or country) Md

FATHER

13. NAME Thomas Kirby

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs George Davis
(Address) 2204 Ruskin Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Waynesboro Pa Date June 1 37

19. UNDERTAKER Wm J Tickner + Sons
(Address) North + Ca

20. FILED 19 Registrar.

MAY 31 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1937

22. I HEREBY CERTIFY, That I attended deceased from MAY 20 1937 to MAY 30 1937

I last saw him alive on MAY 30 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
CEREBRAL HEMORRHAGE	5-23-37
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Edward L Thilan M. D.

(Address) 682 Washington Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36010 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36010

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Boston

If U. S. Veteran specify WAR

(a) Residence: No. 1128 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Boston

6. DATE OF BIRTH (month, day, year) October 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Robert Boston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Talbot

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jesse Reddy
(Address) 426 N Bridel

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date June 1 1937

19. UNDERTAKER Jesse St. Reddy
(Address) 426 N Bridel St.

20. FILED 19 Registrar.

MAY 31 1937 Washington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from 5. 24. 1937 to 5. 29. 1937

I last saw him alive on 5. 29. 37 19 Death is said to have occurred on the date stated above, at 5.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5. 24. 37
Other contributory causes of importance:	
Chronic nephritis	?

No

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. G. Carr M. D.

(Address) 515 Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36011

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36011

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Caca St. 17-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ironilla Stalos

If U.S. Veteran specify WAR .....

(a) Residence: No. 604 N. Caca St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Stalos

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 10

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or county) (State or country) London Ohio

FATHER

13. NAME Henry Dickerson

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Mary Robinson

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Frank Stalos

(Address) 604 N. Caca

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 1 1937

19. UNDERTAKER James Adams

(Address) 142 Woodland St

20. FILED MAY 31 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28 1937 to May 30 1937

I last saw her alive on May 28 1937 Death is said to have occurred on the date stated above, at 9:25 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 7 yrs Uremia

Contributory

Other contributory causes of importance:

Bronchopneumonia Rales

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 624 York

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36012 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 36012

CERTIFICATE OF DEATH

23577 JS 35a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Junious Crawford

(a) Residence: No. 810 Whatcoat St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Crawford

6. DATE OF BIRTH (month, day, year) 9-10-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Cornelius Crawford

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ella McAdams

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT ..... (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro, NC Date May 31, 37

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 E Lanvale St.

20. FILED MAY 31 1937 E. Fr. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 30 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 - 14 . 1937 to 5 - 30 . 1937

I last saw h[illegible] alive on 5 - 30 . 1937. Death is said to have occurred on the date stated above, at 2:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary Extravasation	5-12-37
Other contributory causes of importance: Accidental	5-29-37

Was an operation performed? Yes Date of 5-17-37

For what disease or injury? Urinary Extravasation

Name of operation Suprapubic Cystotomy + T + D.

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. L. Brandegan M. D.

(Address) Baltimore City Hospitals

F

INSTRUCTIONS—WRITE LEGIBLY WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36013

F 36013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 541 N. Mount st St., 19-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Holly

If U. S. Veteran specify WAR .....

(a) Residence: No. 541 N. Mount st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Wid.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Holly

6. DATE OF BIRTH (month, day, year) April 12 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culpeper, Va.

FATHER

13. NAME Edgar Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Milinda Robinson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lilian Allen (Niece)
(Address) 541 N. Mount st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 31 1937

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED MAY 31 1937 Mt. Eagle Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 37

22. I HEREBY CERTIFY, That I attended deceased from May 1st. 1937 to May 27th. 37

I last saw her alive on May 27th 37 Death is said to have occurred on the date stated above, at 2.a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset May 1st. 1937

Other contributory causes of importance:

Mitral Ins. — ?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If specify how .....

(Signed) Walter J. Jackson, M. D.

(Address) 1651 W. Franklin st

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36014

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36014

CERTIFICATE OF DEATH

2830-EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Boston Stanback

If U. S. Veteran specify WAR

(a) Residence: No. 766 Vine Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hannah Stanback

6. DATE OF BIRTH (month, day, year): 1886?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	50?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: John Stanback

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Dina Pimberton

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Natural Cemetery Date: June 2 19 37

19. UNDERTAKER: Mrs Kate R Williams
(Address): 322 S Schroeder St

20. FILED 19

MAY 31 1937 at Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1937 to 5-29 1937

I last saw him alive on 5-29 1937 Death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Renal Disease	unk
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36045 ✓ F 36015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

25-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 11 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bruce E. Colhouer. If U. S. Veteran specify WAR .....

(a) Residence: No. 2909 Annapolis Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~XXXXXXXXXX~~ HUSBAND of (or ~~XXXXXX~~) Elsie M. Colhouer.

6. DATE OF BIRTH (month, day, year) June 9, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George M. Colhouer.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Maggie Micahet

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Elsie M. Colhouer. (wife)
(Address) 2909 Annapolis Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Loudon Pk. Date May 31 19 37

19. UNDERTAKER Edward Lorsch
(Address) 2359 Wash. Blvd.

FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull and spinal injury	May. 24. 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury May. 24/37, 19

Where did injury occur Linthicum Heights, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road Collision between

Manner of injury Auto and Motor Cycle

Nature of Injury Passenger on Motor Cycle. As stated above

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhart M. D.
Coroner

5/28/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36016

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 24-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Schatt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1306 Andre St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Mrs Schatt

6. DATE OF BIRTH (month, day, year) Sept 16, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	53	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. tailor shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Joseph Schatt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Mockin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mat Schatt

(Address) 1306 Andre St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date June 2 19 37

19. UNDERTAKER Edward Boulmer

(Address) 2339 Wash Blvd

20. FILED MAY 31 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to May 30, 1937

I last saw him alive on May 30, 1937. Death is said to have occurred on the date stated above, at 9:16 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated gastric Ulcer	May 26
+ peritonitis	
Other contributory causes of importance:	
Bronchial Pneumonia	May 29

Was an operation performed? yes Date of May 27 '37

For what disease or injury? Perforated Gastric Ulcer

Name of operation Gastric Ulcer Inverted 2d closed.

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Daniel R Robinson M. D.

(Address) Mercy Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36017 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36017

CERTIFICATE OF DEATH

34-E-107a

1. PLACE OF DEATH Sinai Hosp. Registered No.

CITY OF BALTIMORE: (No.) St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward E. Engel (Engel) If U. S. Veteran specify WAR

(a) Residence: No. 2346 Eutaw Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Irene W. Engel

6. DATE OF BIRTH (month, day, year) Feb. 23 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 0066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies' Ready Wear

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Chas. Engel

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Pauline Waschman

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. E. Engel
(Address) 2346 Eutaw Place

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Beth Hebrew Cem. Date June 2 1937

19. UNDERTAKER Chas. Goodelman & Son
(Address) 1902 Eutaw Place

20. FILED MAY 31 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to May 31, 1937

I last saw him alive on May 31, 1937 Death is said to have occurred on the date stated above, at 1:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a granulocytosis	5/10/37 (?)
C.N.S. lues.	
Bronchopneumonia.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert Abramson, M. D.
(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36018

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens' Hospital St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Strauss

If U. S. Veteran specify WAR

(a) Residence: No. Marlborough apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Strauss

6. DATE OF BIRTH (month, day, year) Mch. 19, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Joseph Stern

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Fleishman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. N. Epstein

(Address) New York

18. BURIAL, CREMATION OR REMOVAL

Place Balto. Hebrew Cem Date June 1, 1937

19. UNDERTAKER Ward Goodheim & Son

(Address) 1902 Eutaw Place.

20. FILED MAY 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

5-31-37

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Diabetes

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hyman Aronson M. D. Coroner

(Address) 1215 Hanover

N. B.—IN FILLING OUT THIS CERTIFICATE, THE UTMOST CARE SHOULD BE EXERCISED TO SECURE ACCURACY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36019 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36019

CERTIFICATE OF DEATH

43

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 13-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Max Emrich - Emrich

If U. S. Veteran specify WAR

(a) Residence: No. Esplanade apts, City Eutaw & Lake Drive Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Sadie Emrich

6. DATE OF BIRTH (month, day, year) Oct. 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mnfgr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Abraham Emrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minna Ehrman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. B. Willgenstein

(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Tfiloh Cem. Date June 1, 1937

19. UNDERTAKER Harris Levy Sons

(Address) 902 Eutaw Place

Huntington Williams, Registrar.

20. FILED MAY 31 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1-1937 to 5-30-1937

I last saw h. alive on 5-30-1937. Death is said to have occurred on the date stated above, at 5.44 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Actinomycosis	4-10-37
Other contributory causes of importance: None	

Was an operation performed? Yes Date of 5-17-37

For what disease or injury? Diagnosis + Drainage

Name of operation Rib Resection

What test confirmed diagnosis? Bact. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Perhaps If so, specify Manufactures Clothes.

(Signed) L. Clagett Black, M. D.

(Address) Union Memorial Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36020

36020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) Ward 21-2

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Pyott

(a) Residence: No. 1126 Cleveland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 26-1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 2066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good Food Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Harry R. Pyott

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anna Ingrid Bissel

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Bro. Anna Ingrid Pyott

(Address) 1126 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 1st 1937

19. UNDERTAKER George L. Lefmat

(Address) 2121 Fredrick Ave.

20. FILED MAY 31 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937 to May 29, 1937

I last saw h.l.m. alive on May 1, 1937 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows: Meningitis tuberculosis — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Paul Schonfeld M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36021 ✓ F 36021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 891 W. Lombard St. 18 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Banks

(a) Residence: No. 891 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed or divorced (or) WIFE of John E. Banks

6. DATE OF BIRTH (month, day, year) July 21-1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Stapleton

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mamie Carroll

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Sophie ~~Trew~~ (Trew)
(Address) 891 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Cem. Date 6/1 1937

19. UNDERTAKER John J. Cowan & Son
(Address) 1901 Madison Ave

FILED MAY 31 1937 ~~Registrar~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29- 1937

22. I, HEREBY CERTIFY, That I attended deceased from April 1- 1937, to May 29- 1937

I last saw her alive on May 29- 1937. Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary - Intestinal and Laryngeal Tuberculosis	unknown

Other contributory causes of importance: none —

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Sputum Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify —

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave,

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36022

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St. 4-3 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 7 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Katie Hall

If U. S. Veteran specify WAR

(a) Residence: No. 1800 Madison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced (or) WIFE of Edward Hall

6. DATE OF BIRTH (month, day, year) March 1900

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
37	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emory Hill, Md.

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Emory Hill, Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Emory Hill Md.

17. INFORMANT Edward Hall
(Address) 1800 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date June 1, 1937

19. UNDERTAKER Laharies H. Alexander
(Address) 1200 Eutaw St

20. FILED ..., 19... Registrar.

MAY 31 1937 Washington Maryland, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to May 26, 1937

I last saw h[illegible] alive on May 26, 1937 Death is said to have occurred on the date stated above, at 3:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/26/37
Other contributory causes of importance: [redacted]	
Hypertension	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Walter Shannahan M. D.

(Address) 1606 Penna. Ave.

F 36023 F 36023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Balto Co. Hosp St. 23-2 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Trebes

If U.S. Veteran specify WAR .....

(a) Residence: No. 1 E. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Trebes

6. DATE OF BIRTH (month, day, year): Dec. 16, 1861

7. AGE: Years 75 | Months 5 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brewer Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: about 29 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Henry Trebes

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry Trebes Jr.
(Address) 1230 Patapsco, St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: June 2, 1937

19. UNDERTAKER: Martin J. Gregory
(Address) 102 Forrest St.

20. FILED ..... 19 .....
Registrar.

JUN 1 - 1937 Clayton Williamsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to May 30, 1937

I last saw him alive on May 30, 1937 Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterocolitis	
Acute Myocardial Failure	5-27-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.

(Address) 707 E. Fort Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36024

53672

F36024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Kerns

If U. S. Veteran specify WAR .....

(a) Residence: No. 13 E C St- Brunswick Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of Berry

6. DATE OF BIRTH (month, day, year) 12/12/89

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~No~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Willis

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Walter Wendroff

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Records -

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Stevens City Va Date June 3 1937

19. UNDERTAKER C H Teel & Son

(Address) Brunswick Md

20. FILED ..... 19..... Registrar.

JUN 1 - 1937 Lexington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to May 31 1937

I last saw ~~him~~ her alive on May 31 1937 Death is said to have occurred on the date stated above, at 5-15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Metastasizing Carcinoma to brain.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Kenneth C Sharretts M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36025

82-a

97-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Cleamview Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Beckman

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3114 Cleamview Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb. 20, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	3	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silent Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Orange Crush Co.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Lebanon, Missouri

FATHER

13. NAME Frederick Beckman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lena Lemke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Stahnke

(Address) 3114 Clearview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago, Ill Date June 2nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

(Filed) Lexington Funeral Home Inc

JUN 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to May 31, 1937.

I last saw her alive on May 31, 1937. Death is said to have occurred on the date stated above, at 10 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Bronchopneumonia	

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19..

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Janney M. D.

(Address) 7101 Harford Road

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36026

CERTIFICATE OF DEATH

139-c

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Bon Secours Hospital Ward 167
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Fannie E Guise

(a) Residence: No. 1401 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Clarence C. Guise

6. DATE OF BIRTH (month, day, year) Jan 3rd 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 4/30/37
11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo. R. Callis
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Fannie C. Walsh
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Clarence C. Guise
(Address) 1401 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 2nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 1 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/28, 1937 to 5/30, 1937
I last saw her alive on 5/28, 1937 Death is said to have occurred on the date stated above, at 4 15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	5/30/37

Other contributory causes of importance:

Was an operation performed? yes Date of 4/30/37
For what disease or injury? Prolapse of Uterus
Name of operation Modified Watkins, Pennsylvania
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? Pennsylvania
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D M Dijon M.D.
(Address) Bon Secours Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36027

HEALTH DEPARTMENT—CITY OF BALTIMORE

36027

CERTIFICATE OF DEATH

179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 13-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William C. Jamies Jr.

(a) Residence No. 2349 Elwind Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 3, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. Balto.

FATHER

13. NAME Wm. C. Jamies Sr.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Jeanette Mathews

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wm. C. Jamies Sr.
(Address) 2349 Elwind Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date 6-1- 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 578 N Biddle St

20. FILED JUN 1 - 1937 Ester Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phosphorous Poisoning	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 5/30/ 1937

Where did injury occur? 2349 Elwind Hill Ave Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Ate rat poison

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1918 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36028

HEALTH DEPARTMENT—CITY OF BALTIMORE

36028

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 Lexington St. 17-1 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie Toney

(a) Residence: No. 806 Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Grace Cunningham

(Address) 1257 Wilmot Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 6-2 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED 19 Registrar

JUN 1 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. Hamp Cornen M. D.
Coroner

(Address) 12 E Hamilton

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36029

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cecelia Hall.

(a) Residence: No. 313 Stricker St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hall

6. DATE OF BIRTH (month, day, year) May 14 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Md

FATHER

13. NAME William Stewart

14. BIRTHPLACE (city or town) St Marys Co Md (State or country)

MOTHER

15. MAIDEN NAME Julia Hawkins

16. BIRTHPLACE (city or town) Eastern Shore Md (State or country)

17. INFORMANT Adelia Bundy

(Address) 313 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date 6/1/37

19. UNDERTAKER Thomas E. Kelson

(Address) 1202 Pressman St

20. FILED ..... 19..... Witness .....

JUN 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to May 28, 1937

I last saw her alive on May 28, 1937. Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease (Compensated)	10 years
(Malignant Type)	
Intracerebral Cerebral Hemorrhage.	3 days
Diabetes Mellitus	4 years

Other contributory causes of importance: None

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schofield, M. D.

(Address) University Hospital.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36030 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36030

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Lafayette St. 14-2 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Lewis

If U. S. Veteran specify WAR ....

(a) Residence: No. 624 W. Lafayette St Ward.
(If non-resident give city or town and State)

(If usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): March 10th 1861

7. AGE: Years 76, Months 2, Days 18, If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Library
10. Date deceased last worked at this occupation (month and year): About 1920
11. Total time (years) spent in this occupation: 23

12. BIRTHPLACE (city or town) (State or country): Goochland Va.

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Mary Young
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Dennis Skinner
(Address) 624 W. Lafayette St

18. BURIAL, CREMATION, OR REMOVAL
Place: St Lukes Date: 6-1st 1937

19. UNDERTAKER: Fan. Bro. Skinner
(Address) 1107 Eutaw Ave

20. FILED: [illegible]

JUN 1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14th 1937 to April 28th 1937
I last saw him alive on April 28th 1937 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	Chronic
Uremia	April 14th 1937

Other contributory causes of importance: None

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ....
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) [illegible] M. D.

(Address) 1512 Madison Ave

information should be carefully supplied. NAME should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36031 CERTIFICATE OF DEATH √ 213 F 36031

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Bear Creek – Southend of Toll Bridge

CITY OF BALTIMORE: (No. Impounded by Balto City Hos. St., 3-T Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

If U. S. Veteran specify WAR

2. FULL NAME Althea Mae Everhart

(a) Residence: No. 1510 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Victor

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mae Leithear

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Victor Everhart
(Address) 1510 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Cem Date June 1 1937

19. UNDERTAKER Martin McE. Dippel
(Address) 37 S Conkling St

JUN 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows: Date of onset

drowning

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury May 30 1937

Where did injury occur? Bear Creek South end of Toll Bridge
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Playing in boat tipped & horse fell

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. M. Wright, M. D. Coroner

(Address) 1010 S. Ellwood Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36032

CERTIFICATE OF DEATH

95-B

36032

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Geneva apts - St., 12-2 Ward.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 8 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Eleanor Schneider

If U. S. Veteran specify WAR NONE

(a) Residence: No. Geneva apts - St., 3405 Greenway Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Schneider

6. DATE OF BIRTH (month, day, year): April-4-1861

7. AGE: Years 76 | Months 1 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): LaSalle Illinois

FATHER

13. NAME: George Goldightly

14. BIRTHPLACE (city or town) (State or country): Could not ascertain

MOTHER

15. MAIDEN NAME: Eleanor ??

16. BIRTHPLACE (city or town) (State or country): Could not ascertain

17. INFORMANT: Mrs Wm. F. Cochrane (daughter)

(Address) Geneva apts.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Fort Lincoln Cem. Date June-1- 1937

19. UNDERTAKER: Stewart & Mongle Co.

(Address) 1058 Wm Penn Lane.

20. FILED , 19 (Signature)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 1936 to May 30, 1937

I last saw her alive on May 30, 1937. Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular disease	few years
Coronary Thrombosis	1½ hours

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. A. Grossman, M. D.

(Address) 2340 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 1 - 1937

1 E Eutaw Pl Balto, Md

F 36033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36033 #21714

CERTIFICATE OF DEATH

7-5 34-9-95-13 SF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doctor Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1833 Ashland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1/12/~~1881~~ 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~56~~ 50	~~56~~	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 60 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Jane ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date June 2 1937

19. UNDERTAKER Mrs. Peter A. Elliott daughter
(Address) 1129 N. Maryland Ave.

20. FILED ..... 19..... Registrar

JUN ~~1~~ 1937 Ft. Lincoln Mitchell, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1937, to 5-30, 1937

I last saw h. alive on 5-30, 1937 Death is said to have occurred on the date stated above, at 6-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	6 mos
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36034 36034

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hos. 26-7 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur N. Tracey

If U. S. Veteran specify WAR

(a) Residence: No. 636 S. Ponca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E.

6. DATE OF BIRTH (month, day, year) March 23 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Pleasant S.

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabella Wilson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Anna E. Tracey

(Address) 636 S. Ponca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 1, 1937

19. UNDERTAKER John A. Nolan

(Address) 3000 E. Baltimore St.

20. FILED JUN 1 - 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 1105 S. Edmondson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36035

CERTIFICATE OF DEATH

93 F 36035

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 E. 22nd St., 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Shower

If U. S. Veteran specify WAR

(a) Residence: No. 1 E. 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept. 7-1844

7. AGE: Years 92 | Months 8 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Manchester Maryland

FATHER

13. NAME: Judge Adam Shower

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Mary Ann Geiger

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss Leonora V. Shower

(Address) 1 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL: Manchester, Md. June 2 37

19. UNDERTAKER: Horace G. Burger

(Address) 3631 Falls Road

JUN 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15- 1937 to May 31- 1937

I last saw h.. alive on May 30- 1937 Death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance were as follows:

Senility. Myocarditis. History about 9 m. 1936

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

(Address) 2020 E. Chase St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36036

CERTIFICATE OF DEATH

108 F 36036

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 W Hoffman St. 11-4 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sallie Redd

If U. S. Veteran specify WAR .....

(a) Residence: No. 416 W Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jesse Redd

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 40 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

FATHER

13. NAME Charlie Wideman

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Sallie R Wideman

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Jesse W Redd

(Address) 416 Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date June 1 1937

19. UNDERTAKER Goldsmith Halsted

(Address) 1718 Eutaw Place

FILED JUN 1 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	May 25 1937
Other contributory causes of importance: Senile Debility	May 17 1937

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lucy L. Allen, M. D.

Coroner.

(Address) 50 Haven St

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

36037 36037

CERTIFICATE OF DEATH

√211-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert M. Marsteller

If U. S. Veteran specify WAR .....

(a) Residence: No Hoffmanville, Balto Co. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 12, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rayville, Md.

FATHER

13. NAME Ralph C. Marsteller.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Grace S. Martin.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Gilbert F. Marsteller. (brother)
(Address) Millers Carroll Co. Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Pine Grove, Balto Co Date June 2 1937

19. UNDERTAKER Edw A Upton
(Address) Hampsteed Md

20. FILED JUN 1 - 1937 [signature] 5/31/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Fracture of the Skull May.29.1937	
Fall from a skidding Motor Cycle	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May.29/37 19 ...

Where did injury occur? Hampstead, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Rd.

Manner of injury Fracture of Skull

Nature of injury As stated above

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

Address 1017 S. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36038

M. D. B. 1268-9

F 36038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 N Smallwood St. 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Stephan Shafran

(a) Residence: No. 1619 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) Nov. 19, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocerer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Shafran

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isaac Shafran

(Address) 3605 Park Heights ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date June 1, 1937

19. UNDERTAKER Sol. Levinson & Bro.

(Address) 1127 E Baltimore St

20. FILED JUN - 1937 Clayton Nitkowski, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1936 to June 1, 1937

I last saw him alive on June 1, 1937 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of left forehead (carcinoma)	8 mos ago
Other contributory causes of importance: Acute cardiac dilatation	2 days

Name of operation none Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Wells, M. D.

(Address) 2230 Wilkens ave

V 6 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 336039 9533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x/92-a 36039

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 6-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Maggie Hass

(a) Residence: No. 408 N - Regester St., [redacted] Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belt

6. DATE OF BIRTH (month, day, year) 4-18-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME ? - Pershing

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date June 1 1937

19. UNDERTAKER Robert T Williams
(Address) 515 McElderry St

20. FILED JUN 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937 to May 28, 1937

I last saw her alive on May 28, 1937. Death is said to have occurred on the date stated above, at 11:32 m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Pneumonia, Pneumococcic	912	May 24-37
Pneumonia, Pneumococcic	108	May 27-37
Septicemia Pneumococcus	242	May 22-37
Endocarditis, Pneumococcic	912	May 22-37

Other contributory causes of importance:

Aortic insufficiency, heart failure	92a 9503	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Ralph C. Bogert, M. D.

(Address) Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36040 CERTIFICATE OF DEATH 21736--EF F 36040

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-1 Ward)

Registered No. 47c

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret Siegmund

If U. S. Veteran specify WAR

(a) Residence: No. 1216 Holbrook St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 5-30-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Simpson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Sophie Erdman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Park Date June 3. 1937

19. UNDERTAKER Mears Snader & Sons Inc
(Address) Baltimore St. & Broadway

20. FILED JUN 2 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-9 1937 to 5-31 1937

I last saw her alive on 5-30 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Naso-Pharynx with Metastasis	2 years duration
Other contributory causes of importance: Bronchopneumonia	?

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) F. F. Carpenter M. D.
(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36041

F 36041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals - 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rubin Byrd

(a) Residence: No. 1307 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula

6. DATE OF BIRTH (month, day, year) July 4, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age Pension

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrenton Georgia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Lula Byrd

(Address) 1307 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 1, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3221 Edmondson Ave

JUN 1 - 1937 E. Eaton Williams

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ingoing (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ingoing (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. F. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

INFORMATION should be carefully supplied. ALL should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36042

F 36042 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Stricker St. 19-1 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond West

If U. S. Veteran specify WAR .....

(a) Residence: No. 501 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Helen West

6. DATE OF BIRTH (month, day, year) 12-13-1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Frank West

14. BIRTHPLACE (city or town) (State or country) Balto Maryland

MOTHER

15. MAIDEN NAME Cora Eades

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Cora West

(Address) 501 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 1, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-26- 1937 to 5-28- 1937

I last saw h~~im~~er alive on 5-28- 1937 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary tuberculosis	4-12-37
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? physical signs & X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) John G. J. Campbell M. D.

(Address) 439 N. Eardley St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.T. - 1937 A. Enter

F 36043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36043

8-1

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Erdman Ave. St., 8-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adam Yuskauskas

(a) Residence: No. 2608 Erdman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If ~~married~~, widowed, or divorced (HUSBAND) (or) WIFE of Antonette Yuskauskas

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Adam Yuskauskas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Antonette Yuskauskas
(Address) 2608 Erdman Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 3 1937

19. UNDERTAKER Chas. B. Kuchenbecker Jr.
(Address) 6376 Pea St.

20. FILED ..... Registrar.

1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came ... his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) Paul Schleyer, M. D.
Coroner

(Address) 1918 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36044

36044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH North Baltimore Receiving Hospital 93-C

CITY OF BALTIMORE: (No. ..... St., 13-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward [illegible] Kerr

(a) Residence: No. 2103 Tilton St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna McKerr

6. DATE OF BIRTH (month, day, year) April 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Secty

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Sales Co.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas J Kerr

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hannah McGonigle

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward Kerr

(Address) 2103 Tilton St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 2, 37

19. UNDERTAKER Margaret D. Flynn

(Address) 2109 N. Tilton St

Huntington Williams, Agent

1-1837

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry) to ..... death on the day stated above. H Pitt,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

V S 6

Instructions: Fill in carefully. Supplies are limited. Use ink. Print plainly. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36045

CERTIFICATE OF DEATH

139-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital 24-3 (St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie Draut

If U. S. Veteran specify WAR .....

(a) Residence: No. 1288 Battery Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Draut

6. DATE OF BIRTH (month, day, year) Aug 30-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad C. Faust

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schaefer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 6/3 1937

19. UNDERTAKER Margaret J. Flynn

(Address) 1422 Light St

20. [illegible] 1937

[illegible]

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to May 31, 1937

I last saw h[illegible] alive on May 31, 1937 Death is said to have occurred on the date stated above, at 11 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Prolapsed Hemorrhoids	10 Mo.
Prolapsed Uterus	

Was an operation performed? Yes Date of May 31, 1937

For what disease or injury? Hemorrhoids & Prolapsed Uterus

Name of operation Hemorrhoidectomy - Perineorrhaphy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury - , 19 ....

Where did injury occur? -

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of Injury -

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36046

F 36046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 6-4 Ward)

Length of residence in city or town where death occurred 1 yrs 6 mos. ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR no

2. FULL NAME Edward W. Chester

(a) Residence: No. 2218-E. Hoffman Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances (Jones)

6. DATE OF BIRTH (month, day, year) 2/22/1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	3	8	XXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas. S. Chester

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Frances E. (Franz)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frances Chester

(Address) 2218-E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/2/37 19

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735-Harford Ave.

20. Filed ... 19 ...

N 1-1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day fixed above.

The principal cause of death and related causes of importance were as follows:

Streptococcic Pharyngitis — Date of onset

Other contributory causes of importance: Possible meningitis

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Schreiber Coroner, M. D.

(Address) 1912 E. Monument

F 36046 — Any Space. Note Stamps. If Stamps are used, CANCEL. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 36047

F 36047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1016 William St. 24-3 St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin F. Sammons.

(a) Residence: No. 1016 William St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Sarah M. Sammons.

6. DATE OF BIRTH (month, day, year) April 16, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waterman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milford, Del.

FATHER

13. NAME Andrew J. Sammons.

14. BIRTHPLACE (city or town) (State or country) Delaware.

MOTHER

15. MAIDEN NAME Sarah E. Letty.

16. BIRTHPLACE (city or town) (State or country) Delaware.

17. INFORMANT Sarah M. Sammons. (wife)
(Address) 1016 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 2. 1937

19. UNDERTAKER John F. Kenny
(Address) 715 Light St.

20. [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto Leinhardt, M. D.
Coroner

5/31/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36048

F 36048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Ashland Ave., St., 7-3 Ward)

Length of residence in city or town where death occurred 38 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Sylvester Lilly

(a) Residence: No. 2214 Ashland Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Lilly

6. DATE OF BIRTH (month, day, year) Dec. 4, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc W.B. Stevens Poultry Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Lilly

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Stewart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mae Lilly

(Address) 2214 Ashland Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 2, 1937

19. UNDERTAKER John A. Storey

(Address) 718 Light St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) did find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis and insufficiency	about

Other contributory causes of importance: Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1917 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 1-1937

VS 6

F 36049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36049

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. 4-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis James

If U. S. Veteran specify WAR .....

(a) Residence: No. 1021 Dunmoll Court Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William James

14. BIRTHPLACE (city or town) (State or country) Shenandoah Va.

MOTHER

15. MAIDEN NAME Daisy Campbell

16. BIRTHPLACE (city or town) (State or country) Shenandoah Va

17. INFORMANT Mother

(Address) 1021 Dunmoll Court

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 1, 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-24-, 1937 to 5-30-, 1937

I last saw h.. alive on 5-30-, 1937 Death is said to have occurred on the date stated above, at 3:48 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis and Bronchopneumonia	5-10
Other contributory causes of importance: Diarrhea	5-23

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Sydenham Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36050

CERTIFICATE OF DEATH

23908--EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? 50 yrs. mos. da.

2. FULL NAME Eva Farb (Forb)

If U. S. Veteran specify WAR

(a) Residence: No. 10 S. High Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joe Farb

6. DATE OF BIRTH (month, day, year) 3- -1868?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69?	2 ?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isedore Fox

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Henry Ran Date 6-1-37

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

20. FILED JUN - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1937 to 6-1, 1937

I last saw he alive on 6-1, 1937 Death is said to have occurred on the date stated above, at 5:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Renal Dis	
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36051

X 49-B

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs...mos. 11 ds. How long in U. S. If of foreign birth? ...yrs...mos...ds.

2. FULL NAME Mrs. Nellie Perry

If U. S. Veteran specify WAR

(a) Residence: No. 35 Linganore Ave St., ...Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Perry

6. DATE OF BIRTH (month, day, year) May 5/1877

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
60		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Charles Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sara McHugh

16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT James Lander

(Address) 35 Linganore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem Date 6/3/37 19

19. UNDERTAKER Fitzpatrick Mansfield

(Address) 916 Penna Ave

20. FILED ...19... Clayton Mitchell, M.D. Registrar

JUN 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/19 1937 to 5/30 1937

I last saw her alive on 5/30 1937 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of vagina with metastasis to bladder etc

Uremia

Date of onset ?

Other contributory causes of importance:

Cystitis

Was an operation performed? yes Date of 3/30/37

For what disease or injury? Sarcoma of vagina

Name of operation D & C. biopsy

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D M Dyonne M.D.

(Address) Bon Secours Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(Revised) ✓ F 36052

F 36052 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5823 Eichelberger St., 27-19 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Mary M. Darnell

(a) Residence: No. 5823 Eichelberger St., St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wht.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank K. Darnell

6. DATE OF BIRTH (month, day, year) June 21 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	66	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 18 yr.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ebenezita Orrinus

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eliza F. Jones

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Thos. E. Waltham

(Address) 1700 Homestead

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jun 2 1937

19. UNDERTAKER Frank H. Speed

(Address) Pikesville, Md.

20. FILED ..... 19 ..... Assistant Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31 1937 to May 31 1937

I last saw h.. alive on May 31 1937 Death is said to have occurred on the date stated above, at 2405 m.

The principal cause of death and related causes of importance were as follows:

Angina pectoris Date of onset 23 yrs

15 Mo

Other contributory causes of importance:

Cardiac - Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. G. Smith M.D. M. D.

(Address) 3104 W. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36053 F 36053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward) Registered No. 4562

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Christina Tasso. If U.S. Veteran specify WAR No Record

(a) Residence: No. 2437 W North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of George Tasso

6. DATE OF BIRTH (month, day, year) July 4th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 7/28/37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME George Markos

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs Lucie Hopkins

(Address) 218 W. Monument St

18. BURIAL, CREMATION, OR REMOVAL Interment

Place Greenmount Cemetery Date May 31 1937

19. UNDERTAKER J. H. Cook

(Address) 1217 E. Fayette St.

20. FILED Huntington Williams, Reg. 17

Registrar.

6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/28/37, 19 . to 5/29/37, 19 .

I last saw h alive on 5/29/37, 19 . Death is said to have occurred on the date stated above, at 4 30 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Angina Pectoris.

Date of onset

Other contributory causes of importance:

Malignancy of Larynx.

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josiah A. Hunt. M. D.

(Address) Med Gen Hosp

STATISTICAL DATA OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

36054

F 36054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 Clifton Ave ST., 6th WARD)

REGISTERED NO. 1539

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Kinnear Banks

(a) RESIDENCE NO. 2018 Clifton Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	White	Married

5a If married, widowed, or divorced (or) WIFE of Harry W Banks

6 DATE OF BIRTH (month, day, and year) 11/19/1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John W Forsta.

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Ray

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Harry W Banks

(Address) 2018 Clifton Ave

15 [illegible], 1937 Huntington Williams, M.D. Registrar

1 - 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1/37

17 I HEREBY CERTIFY, That I attended deceased from 12/7/36 19..., to 6/1/ 19 37

that I last saw h alive on 5/29/ 19 37

and that death occurred, on the date stated above, at 1.15 a m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis } Since
Diabetes
Chronic myocarditis }

12/7/36 (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral hemorrhage

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) George a. Bamberger M. D.

6/1, 19 37 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — DATE OF BURIAL June 4 1937

20 UNDERTAKER Wilkerson Cook — ADDRESS 1217 E Pratt

important. See instructions on back of certificates.

✓ F 36055

F 36055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square St. (Ward) 14/17

Length of residence in city or town where death occurred 37 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify W. World War

2. FULL NAME William Swanson

(a) Residence: No. Philadelphia Pa Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anastasia Swanson

6. DATE OF BIRTH (month, day, year) April 10th 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. W. A.

10. Date deceased last worked at this occupation (month and year) 3/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Charles M. Swanson

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

MOTHER

15. MAIDEN NAME Jane C Swanson

16. BIRTHPLACE (city or town) (State or country) Washington D C

17. INFORMANT (Address) Anastasia Swanson 3174 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mount Pleasant National Date June 2nd 1937

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED Huntington Williams 1937

N 1 - 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 7.45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
May General Peritonitis	30 37
Other contributory causes of importance: Ruptured Stomach	Nov 28-37

Was an operation performed? no Date of never.

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thos. H. Phillips Coroner M. D.

(Address) 1939 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36056 #23427

F 36056 GF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 6-24 Ward) 107-a

Registered No.

(If death orrurred in a hospital or institution, give its NAME instrad of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Culver

If U. S. Veteran specify WAR

(a) Residence: No. 2224 Henneman Ave. St., Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur

6. DATE OF BIRTH (month, day, year) 4/27/1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Shafer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Ortman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION OR REMOVAL Place St Matthews Cmty Date June 2 37

19. UNDERTAKER William Cook

(Address) 217 St Paul st

20. FILED Huntington Williams, M.D.

JUN 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1937 to 5-29 1937

I last saw her alive on 5-29 1937 Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	4 das
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

F 36057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36057

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5101 Arabia Ave St. 27-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Gray

If U.S. Veteran specify WAR No Record

(a) Residence: No. 5101 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND (or) WIFE of: John J. Gray

6. DATE OF BIRTH (month, day, year): Jan 28-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: David Edwards
14. BIRTHPLACE (city or town) (State or country): Wales, Eng.

MOTHER
15. MAIDEN NAME: Elizabeth Williams
16. BIRTHPLACE (city or town) (State or country): Wales, Eng.

17. INFORMANT: Dorothy Harrison
(Address) 5101 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Oakland Date: June 3rd 1937

19. UNDERTAKER: William Cook
(Address) 217 St Paul St

20. FILED JUN 2 - 1937 Clayton Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-31-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-5-1933 to 5-31-1937

I last saw h alive on 5-29-1937. Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Gilbert M. D.

(Address) 2802 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 36058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36058

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gustav E. Spengler

If U. S. Veteran specify WAR No Record

(a) Residence: No. 12 E. 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of x

6. DATE OF BIRTH (month, day, year) Oct 4 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Carol Spengler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa E. Yoe

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Harry Kalber

(Address) 708 Winston Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 2nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 2 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Coronary embolism	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. M. Wright, M. D.

(Address) 1010 S. Elbert St Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36059 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36059

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2838 Ellicott Drive 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James B. Kelly Sr

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2838 Ellicott Drive Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Mary E. Kelley

6. DATE OF BIRTH (month, day, year) Dec 12th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary E. Kelly

(Address) 2838 Ellicott Drive

18. BURIAL, CREMATION, OR REMOVAL.

Place Balto Date June 2nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

JUN 2 - 1937 Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb ... 1937 to May 30 ... 1937

I last saw him alive on May 30 1937 Death is said to have occurred on the date stated above, 8:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Myocarditis	
	over

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signature) H. L. Franklin M. D.

(Address) 123 St Paul St.

OCCUPATION is very important. See instructions on back of certificate.

F 36060 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36060

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 11-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John William Colton

If U. S. Vet. specify WAR No Record

(a) Residence: No. 11 West Mt. Vernon Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Annie M. Colton

6. DATE OF BIRTH (month, day, year) May 19 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): 0059
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME William Colton
14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Ann Smith
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Annie M. Colton
(Address) 11 W. Mt. Vernon Place

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 2nd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JUN 2 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:
Secondary Anaemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1912 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36061

F 36061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X / 23

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md. 2-3

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John M. Crumlin

If U. S. Veteran specify WAR --

(a) Residence: No. 1622 Thames St., Balto. Md. St., ... Ward. Brooklyn N.Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) June 20, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartermaster & Seaman 0.0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-26-36

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Brooklyn, N.Y.

FATHER

13. NAME Robert Crumlin

14. BIRTHPLACE (city or town) (State or country) Belfast, Ireland

MOTHER

15. MAIDEN NAME Flora McDonald

16. BIRTHPLACE (city or town) (State or country) Belfast, Ireland

17. INFORMANT Records- U. S. Marine Hospital

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's, Hampden Date June 2, 1937

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

20. FILED JUN 2 - 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1936, to May 29, 1937

I last saw him alive on May 29, 1937 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, bilateral	1935
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) I. B. H. Anderson M. D.

(Address) U. S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

State cause of death in plain terms, so that it may be properly classified. Exact statement of

M. D. B 1268-9

36062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

File No. 36062

1164-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1936 Walbrook Ave. St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Stark

(a) Residence: No. 1936 Walbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 6-2-37 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	

Other contributory causes of importance:

Chronic Nephritis and Mentally deranged.

Was an operation performed? ..... Date .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury June 1, 1937

Where did injury occur? 1936 Walbrook Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Had gas jet in bathroom

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wayne Graves M. D.
Coroner

(Address) 265 Dane St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36063 F 36063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH St. Elizabeths Home 9-1 Registered No.

CITY OF BALTIMORE: (No. 3735 Ellerslie ave St., (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Carroll If U. S. Veteran specify WAR

(a) Residence: No. 3735 Ellerslie Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 24 / 34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Reed

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Nevia Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT St. Elizabeths Home
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place MC Cemetery Date 6/3/37

19. UNDERTAKER Mrs Lottie A. Williamson
(Address) 3212 W Lanvale St

[illegible] 19 Register No.

N 2 - 1931 Ft. Lincoln Cemetery, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 , 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30 , 1937, to June 1 , 1937

I last saw h[illegible] alive on June 1 , 1937. Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio Pneumonia	May 30
Other contributory causes of importance:	
Acute Laco-Pharyngitis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

F 36064

F 36064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rev. Nazzareno Scorcini

(a) Residence: No. 220 N. Third St. Hammonton St., N.J. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Preggio (State or country) Italy

FATHER

13. NAME Antonio Scorcini

14. BIRTHPLACE (city or town) Preggio (State or country) Italy

MOTHER

15. MAIDEN NAME Natalina Natalini

16. BIRTHPLACE (city or town) Preggio (State or country) Italy

17. INFORMANT Rev. Eucleric Perrini (Address) 308 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. June 2 1937

19. UNDERTAKER Frank Della Rocca (Address) 52 N. Motley St.

20. FILED 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractur of Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury May 31, 1937

Where did injury occur? 308 N Paca St Balto. Md.
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place St John the Baptist Rectory

Manner of injury Jumped from Windo[w]

Nature of injury Due to Mental Condetion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

(Address) [illegible] Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

Hamphe.

36065 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36065

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME John A. Hapke

(a) Residence: No. 29 N. Elwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lottie Hapke

6. DATE OF BIRTH (month, day, year) B-6-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas & Electric

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation L

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A. Hapke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johana Greve

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Lottie Hapke

(Address) 29 N Elwood

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Cem. Date June 2, 37

19. UNDERTAKER John A. Muller

(Address) 2331 Jefferson St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to death on the day stated above at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sudden

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Sudden death Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) Thos. H. Childs M. D.

Coroner

(Address) 1939 Edmondson Ave

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 36066 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36066

CERTIFICATE OF DEATH V122-B

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 26-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Veteran specify WAR .....

2. FULL NAME Caroline Johnson (or Jameson)

(a) Residence: No. 428 N. East Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sigbjorn Johnson

6. DATE OF BIRTH (month, day, year) Aug 26 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Rolfsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Lydia Johnson
(Address) 428 N East ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 2/37

19. UNDERTAKER John R. Miller
(Address) 2334 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-9-37, 19..., to 5-30-, 1937
I last saw her alive on 5-30, 1937 Death is said to have occurred on the date stated above, at 10:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	5-7-37
Chronic Myocarditis	
Arteriosclerosis	

Other contributory causes (if important): .....

Was an operation performed? Yes Date of 5-14-37

For what disease or injury? Intestinal Obstruction

Name of operation Release of adhesions - Laparotomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) St Joseph Hospital

OCCUPATION is very important. See instructions on back of certificate.

Lexington Wilkens, MD

F 36067

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36067

CERTIFICATE OF DEATH

V, 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTO. CITY HOSP. St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZABETH FARRELL

(a) Residence: No. 3141 DILLON ST 552 Chateau Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MICHAEL FARRELL

6. DATE OF BIRTH (month, day, year) JAN. 13/ 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 76	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK AT. HOME assist in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME JOHN TRUNK

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT PAUL GEBHARD

(Address) 552 CHATEU AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HEART. Date JUNE. 3 37

19. UNDERTAKER Lilly & Zeiler Son.

(Address) 403 S. WOLFE ST.

JUN 2 - 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left humerus	
Other contributory causes of importance: Hypostatic pneumonia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 22 1937.

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home daughter 3141 Dillon St.

Manner of injury Fell in rocks yard

Nature of injury Fractured left humerus

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of

M. D. H. 1268-9

F 36068 F 36068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St. 36-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY BOY BOELL.

(a) Residence: No. UNIVERSITY HOSPITAL St. 21 N. Highland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of SINGLE

6. DATE OF BIRTH (month, day, year) MAY 6 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME THEADORE BOELL

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME JOSEPHINE THIEBES

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT THEADORE BOELL (Father)
(Address) 21 N HIGHLAND AVE

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date JUNE 2 19 37

19. UNDERTAKER Lilly & Zuler
(Address) 602 S. Howard St.

JUN 2 - 1937 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 1 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-6-37, 19..., to 6-1-37, 19...

I last saw him alive on 6-1-37, 19... Death is said to have occurred on the date stated above, at 5:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CONGENITAL HEART	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis: CLINICAL Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Kennedy Waller M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 36069

F 36069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 FAIT AVE. St. 26-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

If U. S. Veteran, specify WAR .....

2. FULL NAME ANTHONY KOLLINGER

(a) Residence: No. 3908 FAIT AVE. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	WIDOW

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of MARY KOLLINGER

6. DATE OF BIRTH (month, day, year) DEC. 31/ 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENRE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME LOUIS KOLLINGER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) CAROLINE GUNTHER GERMANY

17. INFORMANT LOUIS KOLLINGER
(Address) 36N. ALLAMONT AVE.

18. BURIAL, CREMATION, OR REMOVAL
Place HOLY REDEEMER Date. JUNE 3 1937

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 803 S. WOLFE ST.

20. JUN 2 - 1937 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to May 31, 1937

I last saw him alive on May 30, 1937. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	?
Other contributory causes of importance: Cerebral Hemorrhage (Apoplexy)	5/20/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Joseph Pokorny M. D.
(Address) 2200 E Madison St.

VS 3

F 36070

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36070

CERTIFICATE OF DEATH

117-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... University Hosp St., 11-4 Ward)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Butler

If U. S. Veteran specify WAR .....

(a) Residence: No. 111 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Butler

6. DATE OF BIRTH (month, day, year): 1898

7. AGE: Years 39 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Mrs Sarah Moten 1502 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/3/37

19. UNDERTAKER (Address): Thomas E. Kelson 1303 Pennsylvania Ave

FILED JUN 2 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937 to May 30, 1937

I last saw him alive on May 30, 1937. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding Duodenal Ulcer	5-1937
Secondary anemia	

Other contributory causes of importance:

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If specify .....

(Signed) Shultz M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36071

CERTIFICATE OF DEATH

1937 F 36071

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 E. Ostend St. St., 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Wilson. If U. S. Veteran specify WAR

(a) Residence: No. 124 E. Ostend St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 14, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Lancel Wilson.

14. BIRTHPLACE (city or town) (State or country) West Virginia.

MOTHER

15. MAIDEN NAME Elizabeth E. McBride

16. BIRTHPLACE (city or town) (State or country) West Virginia.

17. INFORMANT Mary L. Gentry (sister)
(Address) 1409 Olive St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 3 1937

19. UNDERTAKER A. Russell Evans
(Address) 1403-5 N. Charles St.

20. FILED Eugene Wilkinson Registrar.

JN 2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally Electrocuted.	
Caught hold of electric socket	
in celler.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/31/37 19

Where did injury occur? 120 E. Ostend St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place.

Manner of injury Caught hold of electric

Nature of injury Electrocuted socke t.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M Reinhardt, M. D.
Coroner

6/1/37 (Address) 1017 S. Sharles St.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36072

CERTIFICATE OF DEATH

F 36072

Registered No. 15-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Decker

If U. S. Veteran specify WAR

(a) Residence: No. 3500 Cedardale Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conner M. Decker.

6. DATE OF BIRTH (month, day, year) Oct 14 1857

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
24	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md.

FATHER

13. NAME John Schemm

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Conner

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Conner M. Decker (Address) 3500 Cedardale Rd

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem. Date June 1937

19. UNDERTAKER A. Ronald Evans (Address) 1400 E. Baltimore St

20. FILED JUN 2 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1937 to May 31, 1937

I last saw h.e.r. alive on May 31, 1937 Death is said to have occurred on the date stated above, at 6 15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pancreatitis	

Other contributory causes of importance:

Chronic Cholecystitis + Cholelithiasis

Bilateral Bronchopneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. J. Nicholson M. D.

(Address) University Hosp

OCCUPATION is very important. See instructions on back of certificate.

F 36073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36073

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 E. Caroline St 1-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Washington Smith

(a) Residence: No. 829 E. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of WIFE: Rebecca Smith.

6. DATE OF BIRTH (month, day, year): June 1873

7. AGE: Years 64; Months 4; Days 30; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Rebecca Smith (Address) 829 W. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL: Arbutus Memorial Park 6/3/37

19. UNDERTAKER: Robert F. Young (Address) 804 W. Caroline St.

20. FILED: [illegible] 6-1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~April~~ May 30, 1937 to May 31, 1937

I last saw him alive on May 29, 1937. Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Renal Disease	20 yrs
Other contributory causes of importance: Hypertrophied Prostate	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical - Autopsy No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Hays, M. D.

(Address) 1207 N Caroline St

OCCUPATION is very important. See instructions on back of certificate.

2 - 1937

F 36074

F 36074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2240 E Hoffman st St., 8-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amon Harrison Green

If U. S. Veteran specify WAR .....

(a) Residence: No. 2240 E Hoffman st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Green

6. DATE OF BIRTH (month, day, year) Sept 15 th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0034

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation life time

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Green

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Amelia Wheeler

16. BIRTHPLACE (city or town) (State or country) Ma yland

17. INFORMANT Mrs Bertha Green

(Address) 2240 E Hoffman st

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date June 4 1937

19. UNDERTAKER John Ulrich

(Address) 200 E Preston St

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 st 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18 1937 to June 1 1937

I last saw h[illegible] alive on June 1 1937 Death is said to have occurred on the date stated above, at 8.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tuberculosis Peritonitis	3 yrs ago
Aortic Insufficiency	2 yrs ago
Fluid in Abdomen	30 days ago

Other contributory causes of importance: Cancer Prostate

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Course & Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Greenberg M. D.

(Address) 1025 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 36075

36075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home St. I-2 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J MacKert

(a) Residence: No. 305 S Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E MacKert

6. DATE OF BIRTH (month, day, year) Aug 17 - 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Dept

10. Date deceased last worked at this occupation (month, day, year) May 1st 37

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry MacKert

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katherine Decker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lulu Foster

(Address) 6512 Glenoak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date June 4 1937

19. UNDERTAKER John Ulrich & Sons Inc

(Address) Dees Avenue

20. Filed JUN 2 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-26-37, 19, to 5-31-37, 19

I last saw h. alive on 5-31-37, 19. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHOLECYSTITIS ACUTE	
CHOLELITHIASIS	

Other contributory causes of importance:

CARDIO VASCULAR RENAL DISEASE

Name of operation CHOLECYSTECTOMY Date of 5-29-37

What test confirmed diagnosis? X RAY Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. L. Ackerman, M. D.

(Address) Church Home & Infir.

OCCUPATION is very important. See instructions on back of certificate.

2-1937

22846 EB

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36076

CERTIFICATE OF DEATH

18 F 36076

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 19-2 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Brawner

(a) Residence: No. 1730 W. Lexington St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy

6. DATE OF BIRTH (month, day, year) 9-5-1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adeline Hawkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 3, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 6-2-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1937 to 5-31, 1937

I last saw h.l. alive on 5-31, 1937 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchopneumonia (Primary)	Six days
Other contributory causes of importance: Post Meningococcic, meningitic & Encephalitis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

23959 EB

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36077

CERTIFICATE OF DEATH

18 F 36077

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Saunders

If U. S. Veteran specify WAR

(a) Residence: No. 218 N. Bruce St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) ? 30 yrs.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30 yrs.	?	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lawrence

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 2 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Bruce St.

20. FILED 1937 Hampton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-29 1937 to 5-31 1937

I last saw h.i.m alive on 5-31 1937 Death is said to have occurred on the date stated above, at 7:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	4 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36078

CERTIFICATE OF DEATH

F 36078

Registered No. 194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin H. Taylor

If U. S. Veteran specify WAR

(a) Residence: No. Turner's Station St., Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 16, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	6	14	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackstock S.C.

FATHER

13. NAME James N. Taylor

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Martha Cooke Briggman

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Nancy L. Taylor

(Address) 7814 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Zetta S. C. Date June 3 1937

via B. & O. R.R.

19. UNDERTAKER H. Long & Denny

(Address) 715 East St.

20. FILED June 3 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of Neck	

Other contributory causes of importance: Epulsion within Lungs

Was an operation performed? Yes Date of 6/1/37

For what disease or injury? Carbuncle of Neck

Name of operation Excision Carbuncle Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/1, 1937

Where did injury occur? Hopkins Hospital Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury Anesthesetic ignited by Cy

Nature of injury electric cautery & Exploded.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schweizer, M. D.

Coroner

(Address) 1914 E. Monument Ave.

OCCUPATION is very important. See instructions on back of certificate.

36079 ✓ F 36079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Bloomingdale Road Ward) 16-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick W. Nordhoff

If U.S. Veteran specify WAR ..... NO.

(a) Residence: No. 1222 Bloomingdale Road St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline Nordhoff.

6. DATE OF BIRTH (month, day, year) June 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Office Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Tobacco Co.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Amandus Nordhoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Martha Lohr

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Caroline Nordhoff
(Address) 1222 Bloomingdale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 3. 37

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 801 W. Fayette St.

20. FILED 2-1937 Huntington Williams, Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23 1937 to June 1 1937
I last saw him alive on June 1 1937 Death is said to have occurred on the date stated above, at 1a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	June 1
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Nephritis; Arteriosclerosis; Secondary Anemia	?

Was an operation performed? ✓ Date of .....

For what disease or injury? —

What test confirmed diagnosis? Clin. Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bynum Lawson-Lawrence M. D.
(Address) 1224 Bloomingdale Road

36080

HEALTH DEPARTMENT—CITY OF BALTIMORE

36080

CERTIFICATE OF DEATH

23165 46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Moses Wicks

(a) Residence: No. 1933 Kelly Ave. W. Fred St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Wicks

6. DATE OF BIRTH (month, day, year) 9-20-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Moses Wicks

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Katherine Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Longgreen Md Date 6/3/ 1937

19. UNDERTAKER Frances A. Hepneley
(Address) 678 W. Biddle St

20. FILED 6-1 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 1 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-30 1937 to 6-1 1937

I last saw h/M alive on 6 - 1 , 1937 Death is said to have occurred on the date stated above, at 10 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	2-3 mos
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

✓F 36081

F 36081 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Hunter St St. 17-4 Ward)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Violet Crockett

If U.S Veteran specify WAR ...

(a) Residence: No. 2301 Hunter St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Crockett

6. DATE OF BIRTH (month, day, year) Feb. 17, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

FATHER

13. NAME Robert Johnson

14. BIRTHPLACE (city or town) (State or country) Chestertown Md

MOTHER

15. MAIDEN NAME Annie Blake

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Willis

(Address) 1927 W. Norris St. Phila Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 6/4/ 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

21. FILED 2-1937 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20 1937 to May 31 1937

I last saw her alive on May 31 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury?

What test confirmed diagnosis? Phy Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) R. Garland Johnson M. D.

(Address) 1534 Druid Hill Ave

36082 E 36082

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St. 17-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Moore

If U. S. Veteran specify WAR World War

(a) Residence: No. 433 North Fremont Ave., Balto. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	~~married~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Barnett

6. DATE OF BIRTH (month, day, year) September 22, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

10. Date deceased last worked at this occupation (month and year) June 1936

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) --, Va.

MOTHER

15. MAIDEN NAME Mamie Smith

16. BIRTHPLACE (city or town) (State or country) --, Okla.

17. INFORMANT Records- U.S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 6/4/ 1937

19. UNDERTAKER Frances G. Hemsley
(Address) 528 W. Biddle St

20. FILED JUN 7 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 19 37

22. I HEREBY CERTIFY, That I attended deceased from May 13, 19 37 to May 30, 19 37

I last saw him alive on May 30, 19 37 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chronic	unknown
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) T. M. Anderson, M. D.
T. M. Anderson
(Address) U. S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

JUN 7 1937

✓ F 36083

36083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23294--E 46-C

Registered No. 13-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Bahrs

(a) Residence: No. 2208 Orem Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Bahrs

6. DATE OF BIRTH (month, day, year): 3-2-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Fritz Bahrs

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place: Cathedral Date: June 3, 1937

19. UNDERTAKER: Martin Zapf & Son
(Address): 1827 N. North Ave.

20. FILED: [illegible] Registrar

JUN 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-31-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-4, 1937 to 5-31, 1937

I last saw h. alive on 5-31, 1937 Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	3mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospitals

OCCUPATIONS IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 36084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. F 36084

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 N. Fremont Ave 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Wm H. Wright

(a) Residence: No. 402 N Fremont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lottie Wright

6. DATE OF BIRTH (month, day, year) 3/9/1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Wright

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Matilda Mowell

(Address) 402 N Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/3/37 19

19. UNDERTAKER David L Brown & Son

(Address) 1834 Montgomery St

20. FILED 6-7-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 31, 1937

I last saw him alive on May 31, 1937 Death is said to have occurred on the date stated above, at 1 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chr Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Reg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W F Howell M. D.

(Address) 601 N Carrollton Ave

OCCUPATION is very important. See instructions on back of certificate.

V 8 5

F 36085

HEALTH DEPARTMENT—CITY OF BALTIMORE

36085

CERTIFICATE OF DEATH

1-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Carlene Jones

(a) Residence: No. Brookeville, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of July 31, 1936

6. DATE OF BIRTH (month, day, year) July 31, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burem Tennessee

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Edna Jones

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Montgomery Co'l Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date June 2 1937

19. UNDERTAKER Robert Zorbaugh & Sons
(Address) 1411 E. Fayette St

20. FILED [illegible] 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1- 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-25- 1937 to 6-1- 1937

I last saw h[illegible] alive on 6-1- 1937 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	5-27
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M.D.

(Address) Sydenham Hosp.

OCCUPATION is very important. See instructions on back of certificate.

2-1937

36086 E 36086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E. Chase St. 8-4 Ward)

Length of residence in city or town where death occurred about 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Antonette Vodousek

(a) Residence: No. 2213 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Micheal Vodousek

6. DATE OF BIRTH (month, day, year) Jan. 17-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME ? ? ? ? Urbanek

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME ? ? ? ? ? ? ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Josephine Bora

(Address) 2213 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 3 1937

19. UNDERTAKER Stewart & Brown Company

(Address) 1618 N. North Ave

20. 6-1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-37

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1937 to 6-1-37 1937

I last saw her alive on 6-1-37 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5-20

Hypertension — 10 yrs

Other contributory causes of importance: Acute Cardiac Dilatation — 1 dy

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John A. Rucker M. D.

(Address) 1211 N. Eutaw St.

OCCUPATION is very important. See instructions on back of certificate.

36087 E 36087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1844 N. Callington Ave St. 5-W Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Jacob Lambert Ringsdorf

If U. S. Veteran specify WAR

(a) Residence: No. 1844 N. Callington Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Ringsdorf

6. DATE OF BIRTH (month, day, year) Dec. 28- 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 0097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance House

10. Date deceased last worked at this occupation (month, day, year) May- 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Ringsdorf

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Ringsdorf

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Mary A Ringsdorf (wife)
(Address) 1844 N. Callington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date June 3, 37

19. UNDERTAKER Edward F Bloom Company
(Address) 118 W North Ave

20. FILED ... 19... Registrar.

2- 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936 to May 31, 1937

I last saw he alive on May 31, 1937. Death is said to have occurred on the date stated above, at 3900 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1936
Other contributory causes of importance:	

Was an operation performed? No. Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Thos. F. A. Stevens, M. D.

(Address) 2878 Harford Rd.

F 36088

36088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles Apts - St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR NONE

2. FULL NAME Annie Baer Hurst Cator

(a) Residence: No. Charles Apts - 3333 N. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Franklin P. Cator

6. DATE OF BIRTH (month, day, year) June 9th 1859

7. AGE: Years 77 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William R. Hurst

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER

15. MAIDEN NAME Annie B Fooks

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Mrs Mary S Hookman (sister) (Address) Charles Apts City

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date June 3 1937

19. UNDERTAKER Stewart Mortuary Co. (Address) 108 W Franklin St.

20. FILED June 3 1937 Registrar

12 - 1337

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from August 1936 to June 1st 1937

I last saw her alive on June 1st 1937. Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 1936
Cerebral Arteriosclerosis	1937
Other contributory causes of importance: Myocardial Insufficiency	1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Cator M. D.

(Address) 1900 E Cold St

OCCUPATION is very important. See instructions on back of certificate.

36089

Grave #17

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36089

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. East End Hotel St. E. Exeter 5-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Martin Sullivan
If U. S. Veteran specify WAR .....

(a) Residence: No. 5 N. Exeter St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date JUN 2 - 1937 19
CERTIFICATE OF DEATH

19. UNDERTAKER .....
(Address) Per M. A. Moore

20. FILED JUN 2 1937 Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrh.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, state .....

(Signed) Oscar B. Dallas M. D.

(Address) 708 St. Paul St

OCCUPATION is very important. See instructions on back of certificate.

36(9)32 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36090

CERTIFICATE OF DEATH X 114-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-5 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos. 19 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Edgar Gomis — If U. S. Veteran specify WAR

(a) Residence: No. Jenkins Lane St., Ward. Va. — tr. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/15/86

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
50	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner coal 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Fred Gomis

14. BIRTHPLACE (city or town) (State or country) Va —

MOTHER

15. MAIDEN NAME Mary Maxwell

16. BIRTHPLACE (city or town) (State or country) W. Va —

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Galax Va Date June 2 1937

19. UNDERTAKER Robt. McClanahan
(Address) 15-16 McCleary St

20. FILED 19 Registrar

6-2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11 1937 to May 30 1937

I last saw him alive on May 30, 1937. Death is said to have occurred on the date stated above, at 9:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	5-29-37
Mediastinal Abscess	Mar 37-?
	cont

Other contributory causes of importance:

Operation for drainage of Mediastinal abscess	5-29-37

Was an operation performed? yes Date of 5-29-37

For what disease or injury? mediastinal abscess. Age=?

Name of operation Exploratory Thoracotomy

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Rachel C. Dodson, R.N.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

36091 E 36091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 927 N. Madeira St. 7-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathew Clement
If U. S. Veteran specify WAR

(a) Residence: No. 927 N Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Clement

6. DATE OF BIRTH (month, day, year) Feb 24 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME John Clement

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Waltman

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Clement
(Address) 927 N Madeira

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 4 1937

19. UNDERTAKER Enoch Gloeckner Sons
(Address) 1906 Eutaw

20. FILED , 19 Registrar.

6-3-1937 Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to June 1 1937

I last saw h alive on June 1 1937 Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	June 1 37
Arterio Sclerosis Hypertension	1935
Myocardial disease	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Sindler, M. D.
(Address) 2348 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

36092

HEALTH DEPARTMENT—CITY OF BALTIMORE

36092

CERTIFICATE OF DEATH

265 54-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S Ponca Street St., ... Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Kwiatkowski

If U. S. Veteran specify WAR .....

(a) Residence: No. 521 S. Ponca Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kwiatkowski

6. DATE OF BIRTH (month, day, year) Nov 15 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	6	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Heater Helper 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin Mill 08 Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Tawrzyniec Kwiatkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Rose Kwiatkowski
(Address) 521 S. Ponca Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 5 1937

19. UNDERTAKER John M Weber
(Address) 401 S. Chester St

20. FILED ... 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1937

22. I HEREBY CERTIFY, That I attended deceased from July 17 1936 to June 1 1937

I last saw him alive on May 31 1937. Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor (Glioma) — Duration: Jul 3 1936 over

Other contributory causes of importance:

Bronchial Pneumonia — Duration: 3 days

Was an operation performed? Yes Date of July 4 1936.

For what disease or injury? Brain Tumor operation

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Isaac F. Arnold M. D.

(Address) 700 E. Lake Av

36093

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36093

46-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 W. North Ave. St., 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Loyal C. Birrs

If U. S. Veteran specify WAR

(a) Residence: No. 741 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 25, 1894.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Tullius E. Birrs

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Louise E. Blakelee

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mr. Tullius E. Birrs
(Address) 741 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date June 5, 19 37

19. UNDERTAKER [illegible]
(Address) 101 Loughlean Ave.

20. FILED 2-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY That I attended deceased from Apr. 13, 1937 to May 31, 1937

I last saw he alive on May 31, 1937. Death is said to have occurred on the date stated above, at 4.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	3 yrs.
Other contributory causes of importance: None	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. K. Pelletreau M. D.

(Address) 817 Hamilton Terr.

F 36094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36094

CERTIFICATE OF DEATH

9-9 129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804-Hope Street St., 9-9 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie A. Moore If U. S. Veteran specify WAR no

(a) Residence: No. 1804-Hope Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence W. Moore

6. DATE OF BIRTH (month, day, year) 4/29/1898

7. AGE Years	Months	Days	If LESS than 1 day XX or ..... min.
39	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Luther Shoemaker

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Jennie (Keefer)

16. BIRTHPLACE (city or town) (State or country) Fredk. Co. Md.

17. INFORMANT Clarence W. Moore
(Address) 1804-Hope Street

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 6/3/37 19

19. UNDERTAKER George C. Ruth, Inc.
(Address) 1735-Hartford Ave.

20. FILED 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to June 1, 1937

I last saw her alive on May 31, 1937. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operation Psychosis	5-12-37
Other contributory causes of importance Exhaustion	5-23-37

Was an operation performed? Yes Date of 5-16-37

For what disease or injury? Pituitous Adenoma

Name of operation Incision + drainage

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Wolfe, M. D.

(Address) 1331 Mass Ave

36095 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36095

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sydenham Hosp 6-5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Leonard Hill

(a) Residence: No. 215 N. Bond St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 5, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Walter Hill
14. BIRTHPLACE (city or town) (State or country) Buckingham Va.

MOTHER
15. MAIDEN NAME Martha Gary
16. BIRTHPLACE (city or town) (State or country) Buckingham Va.

17. INFORMANT Father
(Address) 215 N. Bond St.

18. BURIAL, CREMATION OR REMOVAL June 3 1937
Place Mt Lebanon

19. UNDERTAKER Chas C Wilson
(Address) 1000 Broadway

20. FILED ... 19... Registrar ...

6-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-28-, 1937 to 6-1-, 1937
I last saw h. M alive on 6-1-, 1937 Death is said to have occurred on the date stated above, at 5:22 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	5-26
Other contributory causes of importance: Interstitial Bronchopneumonia	5-28

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Burroughs Watson M. D.
(Address) Sydenham Hosp.

Gargas Rec'd F 36096

F 36096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., 13-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mellie Gargas

(a) Residence: No. 2848 Linkwood Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Gus GARGAS

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Gus GARGAS
(Address) 2848 Linkwood Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Ind Cem Date 6-4 1937

19. UNDERTAKER J. Gonce Sons
(Address) Baltimore

UN 3 - 1937 F. E. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May ..., 1937 to June 2 ..., 1937

I last saw her alive on June 2, 1937 Death is said to have occurred on the date stated above, at 6:30 Am.

The principal cause of death and related causes of importance were as follow:

	Date of onset
nephritis (chronic)	25 yrs

Other contributory causes of importance:

uterine Bleeding + anemia	6 mo

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. P. Clarke M.D.

(Address) Md. Gen Hosp

Instructions on back of certificate. See ... important.

F 36097

36097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Russell St., 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet A Forrester

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1020 Russell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — (HUSBAND) (or) WIFE of: Leonard Forrester

6. DATE OF BIRTH (month, day, year): Feb 18 1853

7. AGE: Years 84 | Months 3 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Robert Gabe

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Lydia Hedgson

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Lottie Meredith 1020 Russell St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: June 5 37

19. UNDERTAKER (Address): Norman Cook 120 St Paul

Huntington Williams, MD

6-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1937 to June 2 1937

I last saw her alive on June 2 1937 Death is said to have occurred on the date stated above, at 9:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	Feb 17/37
Broncho-Pneumonia	May 30/37

Other contributory causes of importance: ✓

Was an operation performed? ..... Date of .....

For what disease or injury? ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry H Cates. M. D.

(Address) 523 Scott St.

Estate Emma Cohen of Sweden

36098 E 36098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH Sinai Hosp. St. 13-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR No Record

2. FULL NAME Emma Cohen

(a) Residence: No. Alhambra apt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Cohen

6. DATE OF BIRTH (month, day, year) Feb 11 1887

7. AGE: Years 50 | Months 1 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework for 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Gallilond

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Jane Keane

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Morris Cohen
(Address) Alhambra Apts

18. BURIAL, CREMATION, OR REMOVAL Place Beth Hebrew Date June 4th 1937

19. UNDERTAKER: Hudson Cook & Co
(Address) 1217 E Fort Ave

20. FILED 19 Registrar

JUN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2/37 19

22. I HEREBY CERTIFY, That I attended deceased from May 31 19 37 to June 2 19 37

I last saw her alive on June 2 19 37 Death is said to have occurred on the date stated above, at 5:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hysterectomy	3 wks.
Other contributory causes of importance: Broncho pneumonia	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herbert F. Klingman M. D.

(Address) Sinai Hosp.

F 36099 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36099

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2705 Tioly Ave (St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles D Summers

If U.S. Veteran specify WAR 26 Record

(a) Residence: No. 2705 Tioly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. If single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, year): Aug 14 1877

7. AGE: Years 59 | Months 9 | Days 18 | If LESS than 1 day, hrs. ... min. ...

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mgr Laundry
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Talmon Co
10. Date deceased last worked at this occupation (month and year): April 1937
11. Total time (years) spent in this occupation: 26 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: David Summers
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER
15. MAIDEN NAME: Julia A Nelson
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Anna B Mullin 417 Charles Balto

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Date: 6/4/37

19. UNDERTAKER: Oneiam Bros
(Address): 1217 St Paul

20. FILED ... 19 ... Registrar

6-3-1937 Huntington West Virginia, NC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to June 2, 1937
I last saw him alive on 6-2- 1937. Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. B. Gilbert M. D.

(Address) 2802 Harford Ave

Spec.—6-9-19—H. P. Co.—1000 Bks.

F 36100

Lakeland

F 36100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 2608 pinpont St. (WARD) 25-3

2-FULL NAME Margaret Rainey Green.

(a) RESIDENCE. No. 2608 pinpont St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: col.

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: George Green.

6 DATE OF BIRTH (month, day, and year): 1897

7 AGE: Years: 40 Months: unknown Days: If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balt co. Md.

PARENTS

10 NAME OF FATHER: Sam. Rainey.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balt co Md

12 MAIDEN NAME OF MOTHER: Lizzie Ogle.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balt co.

14 Informant (Address): George Green. 2608 pinpont St

15 Filed ..... 19.....

Registrar

S - 1537

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 1 1937

17 I HEREBY CERTIFY, That I attended deceased from May 15 1937 to June 1 1937, that I last saw her alive on May 31 1937, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(duration) no yrs. no mos. 3 weeks

CONTRIBUTORY (Secondary) Valvular Heart disease (duration) no yrs. no mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Nurses

(Signed) Raymond S Adams, M. D.

June 2 1937 (Address) 2208 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cemetery

DATE OF BURIAL: 6/4 1937

20 UNDERTAKER: Walter B. Griffith

ADDRESS: 1330 Hamlay St

THIS is very important. See instructions on back of certificates.

36101 E 36101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Price

If U. S. Veteran specify WAR .....

(a) Residence: No. 2917 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Price

6. DATE OF BIRTH (month, day, year) March 8, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James W. Price

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Wilkinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary Price

(Address) 2917 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Mem. Park Date 6-4 1937

19. UNDERTAKER Wm. H. Pickett Sr.

(Address) 1606 N. Central Street

20. FILED ..... 19..... Registrar.

6-3-1937 Wilmington Delaware, N. Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to June 2, 1937

I last saw him alive on June 2, 1937 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chronic Nephritis	? 2 wks
Uremia	
Other contributory causes of importance:	
Cachexia	?
Depressive Psychosis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Frank R. Stephenson M. D.

(Address) St. Joseph's Hospital

F 36102

36102 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

#xxxxx

SF

CERTIFICATE OF DEATH

✓107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St 26-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Donnelson or Donaldson, Robert L.

(a) Residence: No. Homeless St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/7/1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 81	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer ? odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Roland

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Eliz. Jefferies

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 4, 37

19. UNDERTAKER J. Bernard Evans
(Address) 1400-a Johnson St

20. FILED 19 Registrar

JUN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-26 1931, to 6-2 1937

I last saw him alive on 6-2 1937 Death is said to have occurred on the date stated above, at 3 01 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	10 da
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Kaney M. D.

(Address) Baltimore City Hospitals

#36103 E 36103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 2-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. George B Saumenig Jr

If U. S. Veteran specify WAR

(a) Residence: No. 503 Rock Island Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 16, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME George B. Saumenig

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Sallie A Heaney

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs M Annett Kling

(Address) 1832 N Balto St

18. BURIAL, CREMATION, REMOVAL

Place Loudon Pk Date June 4 1937

19. UNDERTAKER George J Smith

(Address) 1911 Eutaw Pl

FILED June 3 1937 Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/27 1937 to 5/01 1937

I last saw him alive on 6/01 1937 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addison's Disease	
Pulmonary Tbc.	
Tbc of Bowels	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Chas B Marsh M. D.

(Address) Bon Secours Hosp

36104 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36104

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Randall Van Horne

(a) Residence: No. 87 Paul Court Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE of)~~ Mary C. Van Horne

6. DATE OF BIRTH (month, day, year) May 7th, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. St. Paul Court Apts

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wheeling W. Va

FATHER

13. NAME Albert Van Horne

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Metta Creighton

16. BIRTHPLACE (city or town) (State or country) Wheeling W. Va.

17. INFORMANT Mrs Van Horne

(Address) 87 Paul Court Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 6/1/ 1937

19. UNDERTAKER John D. Mitchell, Jr.

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

6-3-1937 Removed to Wilkesboro, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st, 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on May 31st, 1937, to ....., 19.....

I last saw him alive on May 31st, 1937 Death is said to have occurred on the date stated above, at 9.56 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in the following:

Accident, suicide or homicide? ..... Date of injury .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. B. Smith M. D.

(Address) Union Mem. Hosp.

F 36105

F 36105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oliver Johnson

(a) Residence: No. 5 N. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Commerville

(Address) 5 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 3. 1932

19. UNDERTAKER Edw. Bryson

(Address) 1244 Pierce St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28/32. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Neck	

Other contributory causes of importance: Hemorrhage

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 5/28/ 1932

Where did injury occur? 5 N. Eden St - Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stabbed in neck & c

Nature of injury Incised Knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner. M. D.

(Address) 4112 North Ave

V S 6

OCCUPATION is very important. See instructions on back of certificate.

F.D. 36106

F 36106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 W. North Ave. 15-3 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna Stein

(a) Residence: No. 2311 W. North Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Isiah

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 80 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Isaac

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Leah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Lehman Stein
(Address) 5229 Pickwick Rd

18. BURIAL, CREMATION OR REMOVAL
Place: Harmony Rem Date: 6/3/37

19. UNDERTAKER: Jas. L. Levy & Bro.
(Address) 1434 E. Baltimore St.

20. FILED: 6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2-37, 19

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

12/15/24

The principal cause of death and related causes of importance were as follows:

Fractures of R. Humerus, Radius & Ulna
General Lady Contusions & Bruises

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/28/ 1937

Where did injury occur? in house 2311 W. North Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fell down stairs

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adam Caraway M. D.
Coroner

(Address) 12/15 Harmon

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

James A Vance

F 36107

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36107

CERTIFICATE OF DEATH

107-W

Registered No. 25-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR ....

2. FULL NAME James H Vance

(a) Residence: No. 612 Annabelle Ave St., Brooklyn Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Vance

6. DATE OF BIRTH (month, day, year) Aug 29 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phil Pa

FATHER

13. NAME John Vance

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth Mc Michael

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Annie Vance
(Address) 612 Annabel Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 4 1937

19. UNDERTAKER John F Denny
(Address) 715 Light

20. FILED JUN 4 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/26 1937 to 5/31 1937

I last saw him alive on 5/31 1937. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Bilateral Bronchial Pneumonia — Date of onset 5/26/37

Other contributory causes of importance:

Chronic Bronchitis - Bronchiectasis 1917
Emphysema

Was an operation performed? NO Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Paul Lubin, M. D.

(Address) 320 Ridgewood Ave

36108 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36108

Eisenhauer

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607-Harford Ave. St., 9-9 Ward) Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Eisenhauer If U. S. Veteran specify WAR

(a) Residence: No. 1607-Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Eisenhauer

6. DATE OF BIRTH (month, day, year) 11/3/1879

7. AGE Years	Months	Days	If LESS than 1 day or min.
57	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 6-37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Schuh

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frank J. Eisenhauer
(Address) 1607-Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Cem. Date 6/5/37 19

19. UNDERTAKER George [illegible], Md.
(Address) 1754 Harford Ave.

20. FILED 6-[illegible]-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1936 to June 2, 1937

I last saw h[illegible] alive on June 2, 1937. Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Exhaustion	June 2/37
Other contributory causes of importance: Carcinoma of uterus	Jun 17/36

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John W. Sanderson M. D.

(Address) 1714 N Caroline St

36109 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36109

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. St., 19-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

2. FULL NAME John Mc Hugh If U. S. Veteran specify WAR Spanish Am.

(a) Residence: No. 223 N. Fulton Ave., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret McGinn

6. DATE OF BIRTH (month, day, year) January 15, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cloth Vendor

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) --, Ireland.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) --, Ireland.

MOTHER

15. MAIDEN NAME Hannah Gilliespie

16. BIRTHPLACE (city or town) (State or country) --, Ireland.

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Balto National Date 6/3 1937

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Hollins sts

20. FILED [illegible] Lexington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1937, to June 2, 1937

I last saw him alive on June 2, 1937. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, cerebral	5-26-37
Pneumonia, lobar, right	6-1-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) T. M. V. Anderson M. D.

(Address) U. S. Marine Hospital, Balto. Md.

F 36110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36110

131

CERTIFICATE OF DEATH

19998--EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 23-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Davenport

(a) Residence: No. 1115 Peach Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriett Griggs

6. DATE OF BIRTH (month, day, year): ~~1867~~ 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67 ~~70~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: Charles Davenport

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Lucy Albrano

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Olivet Cem. Date: 6/5 '37

19. UNDERTAKER: Walter Company
(Address) 139 W. Hamilton St.

20. FILED , 19 Registrar.

6-3-1937 Washington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1937 to 5-29, 1937

I last saw h/M alive on 5-29, 1937 Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

36111 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36111

CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md-Gen Hos Ward) 28-1

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Davidson If U.S. Veteran specify WAR .....

(a) Residence: No. 4608 Belvieu Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Davidson

6. DATE OF BIRTH (month, day, year) August 19, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Universal Car Loading Co

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Robert Davidson

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Arabella Hall

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs. Lillian M. Davidson
(Address) 4608 Belvieu Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date June 4 1937

19. UNDERTAKER [illegible]
(Address) 1003 E. Baltimore St.

6-3-1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1-37 19

22. I HEREBY CERTIFY, That I attended deceased from 5-27-37 19 to 6-1-37 19
I last saw him alive on 6-1-37 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Otitis media	
Meningitis - 2nd -	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Clinical

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) Md Gen Hosp

E 36112

36112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 27-17 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen Sigmund

(a) Residence: No. 6000 Bellona Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Sigmund

6. DATE OF BIRTH (month, day, year) About 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 70	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry Hirshberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miriam Arnold

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. S. Iseman,
(Address) Georgian Court Apts.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Heb. Friendship Cem. June 3, 1937

19. UNDERTAKER David Sondheim & Sons.
(Address) 1902 Eutaw Place

20. FILED June 3 1937 Clifton Waller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1936, to May 31, 1937

I last saw her alive on May 31, 1937. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast.	1936?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? No especial test Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Steiman M. D.

(Address) 1107 St. Paul St.

36113

HEALTH DEPARTMENT—CITY OF BALTIMORE

36113

CERTIFICATE OF DEATH

94a

Registered No. 27-20

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6305 Fordham Drive St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Irving M. Oberfelder

(a) Residence: No. 6305 Fordham Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Madeline H. Oberfelder

6. DATE OF BIRTH (month, day, year) Dec. 23, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Gosman Gin-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ger Ale Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California.

FATHER

13. NAME Max Oberfelder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Leonie Friedman

16. BIRTHPLACE (city or town) (State or country) California.

17. INFORMANT Mrs. Irving Oberfelder

(Address) 6305 Fordhamd Drive.

18. BURIAL, CREMATION, REMOVAL

Place Loudon Pk. Crem. Date June 3, 1937

19. UNDERTAKER Sherin Stonebraker & Sons

(Address) 1902 Eutaw Place

20. FILED 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937 to June 2, 1937

I last saw h[illegible] alive on June 1, 1937. Death is said to have occurred on the date stated above, at 2 35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary Oedema	June 2 1937
Other contributory causes of importance:	
Angina pectoris (coronary art. sclerosis	1920
Hypertension	May 1937

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis F. Hamburger, M. D.

(Address) 1207 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36114

CERTIFICATE OF DEATH

X 122-B 36114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Morris A. Chaney

If U. S. Veteran specify WAR

(a) Residence: No. Mount Harmony Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 6, 36.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — do

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mount Harmony. Maryland.

FATHER

13. NAME George J. Chaney.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Effeine Mister

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Sunkist Calvert Co Md Date 6— 19 37

19. UNDERTAKER H. N. Hutchins
(Address) Owings Md

FILED JUN 3 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 AM June 3, 1937 to 6:15 A.M. June 3 1937

I last saw h.im alive on June 3, 1937. Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	

Other contributory causes of importance:

Post op shock
Hypertrophied lymphoid tissue

Was an operation performed? Yes Date of June 3-37

For what disease or injury? Intussusception.

Name of operation Lateral Anastomosis

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold Hubert Burns, M. D.

(Address) —

Clarence Henry Wright

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1311 F 36115

Registered No. F 36115

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 McCabe Ave. St., 27-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence Henry Wright

If U. S. Veteran specify WAR None

(a) Residence: No. 603 McCabe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hilda R Wright

6. DATE OF BIRTH (month, day, year): Jan 18 1872

7. AGE: Years 65 Months 4 Days 13 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: General Retired Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Sylvester Wright

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary Virginia Giles

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Mrs C H Wright 603 McCabe Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Date June 4, 37

19. UNDERTAKER (Address): Wm J Leckner & Son Huntington Williamsport Md

FILED JUN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to June 1 1937

I last saw him alive on May 31 1937 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	1934
Other contributory causes of importance: Arteriosclerosis	1934

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A C Hagen M. D.

(Address) 490 Garrison Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36116

CERTIFICATE OF DEATH

165 F 36116

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4900 Beaufort Ave. Ward 7-18)

Length of residence in city or town where death occurred 39 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Walter Keen Williams

(a) Residence: No. 4900 Beaufort Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Grace Williams

6. DATE OF BIRTH (month, day, year) Sept. 10, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tile Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Cornelius A. Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jennie B. Anderson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. L. Grace Williams

(Address) 4900 Beaufort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 7 1937

19. UNDERTAKER (Wm. H. Rattue Sons)

(Address) North & Paca

20. FILED June 7 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the person and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above at 11 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hanging,	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 6/1/ 1937

Where did injury occur? 4900 Beaufort ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home (in cellar)

Manner of injury hung self with rope

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Harry Kramer M. D. Coroner

(Address) 1213 Hanover

36117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 36117

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Etta Ringgold

If U. S. Veteran specify WAR

(a) Residence: No. Lansdowne Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Horace Ringgold

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkridge Anne Arundel Co

FATHER

13. NAME Charles Clement

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Louisa Bradford

16. BIRTHPLACE (city or town) (State or country) A. Arundle Co

17. INFORMANT Horace Ringgold

(Address) Lansdowne, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 4 1937

19. UNDERTAKER James A. Stamps & Son

(Address) 1142 Pennsylvania Ave

20. FILED 19 [illegible]

JUN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29 1937 to May 31 1937

I last saw her alive on May 31, 1937 Death is said to have occurred on the date stated above, at 1 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	5.29.37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher Street

F 36118 HEALTH DEPARTMENT—CITY OF BALTIMORE D 36118

CERTIFICATE OF DEATH

✓ 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 W. Mulberry St., 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John E. Johnson

(a) Residence: No. 1414 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Johnson

6. DATE OF BIRTH (month, day, year) Mar 17, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steveldore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Shirley D. Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md Maryland

MOTHER

15. MAIDEN NAME Lelia Calhoun

16. BIRTHPLACE (city or town) (State or country) Anderson South Carolina

17. INFORMANT Mrs Lelia Johnson

(Address) 1414 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/5 1937

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ..... 19..... Registrar

6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936 to June 2 1937

I last saw h. alive on June 1, 1937 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	5-30-6
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? physical sign + sympt Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. J. Campbell M. D.

(Address) 439 N. Carey St

36119 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36119

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Butler

(a) Residence: No. 1721 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Negro	Widowed

5a. If married, widowed, or divorced (or) WIFE of Christopher Butler

6. DATE OF BIRTH (month, day, year) unk 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beechville, Maryland

FATHER

13. NAME Samuel Carroll

14. BIRTHPLACE (city or town) (State or country) Big Chalk Md.

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) unk.

17. INFORMANT John J. Smallwood

(Address) 1721 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys Co. Md 6/4 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1383 Pennsylvania Ave

20. FILED 19 Registrar

JUN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5. 30. 1937 to 6. 2. 1937

I last saw h[illegible] alive on 6. 2. 1937 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1936?
Other contributory causes of importance: Vincents angina	6 2 37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Mosher Street

F 36120

36120 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1130 N. Fitzhugh St. 16-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Gillespie Gault
If U. S. Veteran specify WAR .....

(a) Residence: No. 1130 N. Fitzhugh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Burton Gault
6. DATE OF BIRTH (month, day, year): March 17, 1918
7. AGE: 19 Years | Months: 2 | Days: 14 | If LESS than 1 day, hrs. or min.: 24

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

FATHER
13. NAME: Fred Gillis
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Grace Gillis
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Grace Clark 1106 Woodyear Rd
18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Cem. Date June 6 1937
19. UNDERTAKER (Address): T. E. Kelson 1303 Pennsylvania Ave
20. FILED ..... 19 ..... Registrar.

JUN 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4, 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above at about 3 p.m.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Grace Brown Coroner M. D.
(Address) 1215 Hanover

36121 F 36121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1/2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Huber

If U.S. Veteran specify WAR .....

(a) Residence: No. 1550 Caswell St (address) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31 1937

7. AGE Years	Months	Days	If LESS than 1 day, 13 hrs. or 40 min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Huber

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Odessa Stromberg

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Francis Huber

(Address) 1550 Caswell St

18. BURIAL, CREMATION, OR REMOVAL

Place Morlands Date June 3rd 1937

19. UNDERTAKER Leo J. Cook

(Address) 1703 N. Patterson Park ave

20. FILED ..... 19 .....

(Registrar)

JUN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to June 1, 1937.

I last saw him alive on June 1, 1937 Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. A. Fletcher M. D.

(Address) Md Gen Hosp.

F 36122

36122 **HEALTH DEPARTMENT—CITY OF BALTIMORE** #23958

95-3 SP

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas E. Frautz

(a) Residence: No. 1810 E. 32nd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 11/11/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Thomas R.

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Martha Tracy

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sherwood-Cedarcroft Date June 3 1937

19. UNDERTAKER Wm. E. Brooks & Son
(Address) Govans, Md.

20. FILED ..... 19 ..... Registrar

JUN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 3 : 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-29 1937 to 6-3 1937

I last saw him alive on 6 - 3 1937 Death is said to have occurred on the date stated above, at 12:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	6 mos
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hosp.

36123 F 36123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-6 126

1. PLACE OF DEATH South Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Eight St. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Frances Savery — If U.S Veteran specify WAR ....

(a) Residence: No. 3638 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh J. Lowry

6. DATE OF BIRTH (month, day, year) May 16, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Gratzfee

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emilie Ogden

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hugh J. Lowry
(Address) 3638 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. Date June 5, 1937

19. UNDERTAKER Elmer W. Conklyn Son
(Address) 924 E. Eager St.

20. FILED (Seal) June 5 1937 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to June 2, 1937

I last saw h.. alive on June 2, 1937. Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Infarction	May 27 37
Hypertension	12 Yrs
Cardiac Hypertrophy	1930

Other contributory causes of importance:

Acute Bronchitis	May 27 37
Gall Stone	7 Yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify None

(Signed) Frank M. Ogden, M. D.

(Address) 2701 N. Calvert St.

36124 E 36124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 S. CONKLING ST. St., 26-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY R. METZGER

(a) Residence: No. 837 S. CONKLING ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CHARLES METZGER

6. DATE OF BIRTH (month, day, year) FEB. 2/1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME LAWSON H. GUDE

14. BIRTHPLACE (city or town) (State or country) VA.

MOTHER

15. MAIDEN NAME ELIZABETH HAMILTON

16. BIRTHPLACE (city or town) (State or country) BALTO. MD.

17. INFORMANT CHARLES METZGER (HUS.)
(Address) 837 S. CONKLING ST.

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN Date JUNE 5 19 37

19. UNDERTAKER Lilly & Zeitenhaus
(Address) 463 S. WOLFE ST.

20. FILED JUN 5 - 1937 Livingston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 1 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 1937, to June 1 1937

I last saw her alive on June 9 1937 Death is said to have occurred on the date stated above, at 6/45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3d
Nephritis	5d
Mitral Regurgitation	7d
Hypertension, Arteriosclerosis	7d
Other contributory causes of importance: Chronic Interstitial Nephritis	7d

Was an operation performed? NO Date of

For what disease or injury? None

Name of operation none

What test confirmed diagnosis? Microscopic & Autopsy? Autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Thos. Fa Stearns M. D.

(Address) 2878 Hartford Rd

Spec.—9-30—A. & Co.—250 Blks

36125

F 36125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1901 E. Chase St St. 8 Ward 1)

2 FULL NAME Baby girl Bamberger

(a) RESIDENCE NO 1901 E. Chase St. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

female | White | 3 Single, Married, Widowed, or Divorced. (write the word) single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

4 DATE OF BIRTH (month, day, and year) May 29/37

5 AGE	Years	Months	Days	If Less Than 1 day: hrs. or min.
				2 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER J. G. Bamberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt

12 MAIDEN NAME OF MOTHER L. M. Kane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt.

14 Interment Father
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 29/37

17
I HEREBY CERTIFY, That I attended deceased from May 29/37, 19..., to May 29/37, 19...
that I last saw her alive on ..., 19..., and that death occurred, on the date stated above, at 3.15 P. M.

The CAUSE OF DEATH* was as follows:
respiratory insufficiency follwing on a premature delivery from the mother after symptoms of threaten and imminent miscarriage, probabl an avitaminosis.
(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. Hulla M.D. M. D.

6/1/37 (Address) 2214 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 5/30/37, 19

20 UNDERTAKER Unable to discover — ADDRESS 1901 E. Chase St

John S. Bamberger father

JUN 3 - 1937

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36126

36126

CERTIFICATE OF DEATH

157-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 W Lexington St., 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 19 hours How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Bergeling.

(a) Residence: No. 2333 W Lexington St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 31, 1937

7. AGE	Years	Months	Days	If LESS than 1 day 19 hrs. or ..... min.
			[redacted]	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Wilhelm Paul Bergeling

14. BIRTHPLACE (city or town) Baltimore County (State or country) Md.

MOTHER

15. MAIDEN NAME Katherine Louise Martin

16. BIRTHPLACE (city or town) Pennsylvania (State or country) Pa.

17. INFORMANT Mrs. W. Bergeling

(Address) 2333 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

UNIVERSITY MEDICAL SCHOOL JUN 3 - 1937

Commissioner of Health

19. UNDERTAKER

(Address)

For H. A. Boone

1937

..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~May~~ June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937, to June 1, 1937.

I last saw him alive on June 1, 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation (Hydrocephalus)	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Nathan Rousin, M. D.

(Address) 206 S. Gilmor St

M. D. B. 1866

36127

F 36127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH Maryland Dry Dock,

CITY OF BALTIMORE: (No. Fairfield. St., Ward) 16-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Pritchett.(c) If U. S. Veteran specify WAR

(a) Residence: No. 806 N. Bruce St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, HUSBAND of Emma Pritchett.(c)

6. DATE OF BIRTH (month, day, year) October 7,1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Allied Engineering Co.

10. Date deceased last worked at this occupation (month and year) 5/30/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME William Pritchett.(c)

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Bertha Garrison.(c)

16. BIRTHPLACE (city or town) (State or country) Alabama.

17. INFORMANT Emma Pritchett.(c) wife.

(Address) 806 N. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 6/4 37 19

19. UNDERTAKER Wm A Jackson & Penna Ave

(Address)

FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30,1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & Autopsy and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said inquiry & Autopsy and said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema and Congestion of the Brain	
Besalar Cirrhosis	
Acutes Dilatation of the Heart	

Other contributory causes of importance:

Oedema & Congestion of the Lungs and Liver

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 30.1937

Where did injury occur? Maryland Dry Dock
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell from wharf into Water

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M Reinhardt, M. D.
Coroner

6/2/37 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36128

F 36128

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Eutaw St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James P. Eaton

If U. S. Veteran specify WAR ....

(a) Residence: No. 1003 Eutaw St., ...Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Maggie N.

6. DATE OF BIRTH (month, day, year) Oct. 7 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas C Eaton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alvilda C Patchett

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Maggie N. Eaton

(Address) 1003 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date June 7, 1937

19. UNDERTAKER William J. Pickett's Sons

(Address) Mch & Penna. Ave

Registrar.

20. FILED JUN 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937, to June 2, 1937

I last saw h.... alive on June 1, 1937. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
None	

Was an operation performed? .... Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) H. C. Pelletier, M. D.

(Address) 617 Hamilton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36129 — CERTIFICATE OF DEATH — 23 F 36129

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Taylor (16517) — If U. S. Veteran specify WAR

(a) Residence: No. 152 East Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Any where

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Richard

14. BIRTHPLACE (city or town) (State or country) La.

MOTHER

15. MAIDEN NAME Laura Buckman

16. BIRTHPLACE (city or town) (State or country) La.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Garrison Test Date 6-4 1937

19. UNDERTAKER Dyer Funeral Home
(Address) 1315 Eutaw St

20. FILED 6-3-1937 Lillington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 19, 1936 to May 27, 1937

I last saw him alive on May 27, 1937 Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset April 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lew H. Feldman M. D.

(Address) Baltimore City Hospitals

S 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36130

CERTIFICATE OF DEATH

13-C F 36130

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 W. Lafayette Avenue St., [illegible] Ward

Length of residence in city or town where death occurred 26 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Stein

If U.S. Veteran specify WAR

(a) Residence: No. 2811 W. Lafayette Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Stein.

6. DATE OF BIRTH (month, day, year) June 22, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Michael Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Quirley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Lewis Quinn

(Address) 4100 Frisby Street

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Cem. Date 6/4, 1937

19. UNDERTAKER Harry H. Mears & Son

(Address) 505 N. Calvert St.

3-1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1930 to June 1, 1937

I last saw h[illegible] alive on May 30, 1937 Death is said to have occurred on the date stated above, at 6[illegible] m.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration. (Chr. myocarditis) — Date of onset Indefinite

Other contributory causes of importance:

Fracture of hip in 1934

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. H. Hayward M. D.

(Address) 165 E Eager St

Claim #18

36131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2810 Cold Spring Lane (St.) 15 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John H. Kelly — U. S. Veteran — specify WAR .....

(a) Residence: No. 2810 Cold Spring Lane St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile
10. Date deceased last worked at this occupation (month and year) Jan. 1937

12. BIRTHPLACE (city or town) (State or country) Middletown Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Agnes Kelly
(Address) (Cousin) Middletown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date JUN 3 - 1937 19

19. UNDERTAKER
(Address) Huntington Williams Md.

JUN 3 - 1937
Commissioner of Health
Per S. A. Boore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) C. Fraser Brune M. D.
Coroner

(Address) 1215 Hamilton Ave.

VS 6

36132
329563

F 36132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 3 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Towles — to complete

If U. S. Veteran specify WAR

(a) Residence: No. 1313 W North Ave St., ... Ward. White Plains NY
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/18/60

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Portuse Towles
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ? ?
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Recnd.
(Address) ...

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park = Date, 6-4-37

19. UNDERTAKER Harold E. Fennell
(Address) 521 N. Broadway

20. FILED 6-3-1937 Registrar

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May-23, 1937, to June-2, 1937.
I last saw him alive on June-2, 1937. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pyelonephritis	month, day, 1937
Thrombophlebitis, left leg	May 1937
Pneumonia	May 1937

Other contributory causes of importance:
Arteriosclerosis

Was an operation performed? Yes Date of April 1937
For what disease or injury? Benign prostatic hypertrophy
Name of operation Perineal Prostatectomy
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Donald Hooton, M. D.
(Address) Johns Hopkins Hospital

36133 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36133

CERTIFICATE OF DEATH

X 78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Deane

If U. S. Veteran specify WAR

(a) Residence: No. Elkton Va St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 1 | Months 16 d | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Euclid Deane

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Emma Nuckols

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: W. L. Bill

(Address) Elkton Va

18. BURIAL, CREMATION, OR REMOVAL

Place: Elkton Va Date: 6/5/37 19

19. UNDERTAKER: Geo F. Beyer Jr

(Address) 108 N. Forbes St

20. FILED ... 19 ... Registrar

JUN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to June 2, 1937

I last saw her alive on June 2, 1937. Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Graves of unknown origin	May 25

Other contributory causes of importance: none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mona J. Nicholson M. D.

(Address) University Hosp

36134

✓F 36134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Lauretta Ave St., 20-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella Fleming

(a) Residence: No. 2328 Lauretta Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Franklin Fleming

6. DATE OF BIRTH (month, day, year): May 10 - 1868

7. AGE: Years 69 | Months | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Matron

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Willis Fleming

(Address) 2328 Lauretta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk Date: 6/4/37

19. UNDERTAKER: Geo. E. Bleyer & Son

(Address) 1512 Baltimore St

JUN 4 - 1937 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6 - 2 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to 6-2 1937

I last saw her alive on 6-1- 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Hypertension	
	Jan 1936
Other contributory causes of importance: Interstitial Nephritis	
	over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. S. French M.D. M. D.

(Address) 423 W Lanvale

36135 F 36135

36135 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 113

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1706 Guilford St., 12-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME William Loose Sr.
(a) Residence: No. 1706 (Usual place of abode) Guilford St., Ward.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Barry Loose

6. DATE OF BIRTH (month, day, year) June 1, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52		1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Checker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME August Loose
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Augustine Loose
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Michael Feibel
(Address) 1706 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date June 5, 1937

19. UNDERTAKER Margaret J. Flynn
(Address) 422 Light St

20. FILED [illegible] Registrar

6-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2-, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29th, 1937, to June 2nd, 1937
I last saw h[illegible] alive on June 1st, 1937. Death is said to have occurred on the date stated above, at 1.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	May 29th
	now
Other contributory cause of importance: Acute nephritis	4 wks,

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Lyman Perth, M. D.
(Address) 2202 Wash Ave

F 36136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36136

CERTIFICATE OF DEATH

Registered No. 12-7 87-a

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 2652 Huntingdon Avenue St., 12-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FERDINAND A. BELZ If U. S. Veteran specify WAR

(a) Residence: No. 2652 Huntingdon Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Catherine A. Belz

6. DATE OF BIRTH (month, day, year) Oct. 8, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman- Lord Balto Press

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1962

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter Belz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Kiel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine A. Belz
(Address) 2652 Huntingdon Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date June 7 19 37

19. UNDERTAKER Chas F. Kraus & Son
(Address) 113 W. Mt. Royal Ave

20. FILED 19 Registrar

JUN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

arterial Sclerosis

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Kraus M. D.
Coroner

(Address) 612 N 40 St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36137 82-E 36137

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7404 Park Heights Avenue St. 27-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CLARA ISABEL WATERS

If U. S. Veteran specify WAR

(a) Residence: No. 7404 Park Heights Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of George E. Waters

6. DATE OF BIRTH (month, day, year) Apr. 17, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Burton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Eliza Grace

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. George E. Waters
(Address) 7404 Park Heights Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date June 6 19 37

19. UNDERTAKER Chas. H. Grabe & Son
(Address) 1111 Mt. Royal Ave

20. FILED , 19 Registrar.

JUN 4 - 1937 Williams, ND

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937, to June 2, 1937.

I last saw her alive on June 2, 1937. Death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Arteriosclerosis with Hyper-tension.	

Other contributory causes of importance: None.

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elmer B Freeman M. D.

(Address) 807 Cathedral St

36138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36138

1. PLACE OF DEATH St. Agnes' Hospital

Registered No. 127-B

CITY OF BALTIMORE: (No. Wilkens & Caton Aves, St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Theresa E. Lutman

If U. S. Veteran specify WAR

(a) Residence: No. 2910 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Lutman

6. DATE OF BIRTH (month, day, year) Oct 15-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Bachman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Schwartz

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Family

(Address) 2910 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 7, 37

19. UNDERTAKER Chas. J. Graul & Son

(Address) 118 N. Mt. Royal Ave

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-14-37, 19 to 6-3-, 1937

I last saw h.e.r. alive on 6-3-, 1937. Death is said to have occurred on the date stated above, at 8.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	4-1-37
Other contributory causes of importance:	
Cachexia due to chronic	5-1-37
Malnutrition, Intestinal obst.	5-1-37

Was an operation performed? yes Date of 5-28-37

For what disease or injury? Intestinal Obstruction

Name of operation Ileotomy-Removal of Fecal impaction

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lawrence J. Slumaker M. D.

(Address) St. Agnes Hospital

6-4-1937 Huntington, Villanova, Md.

36139

HEALTH DEPARTMENT—CITY OF BALTIMORE

36139

CERTIFICATE OF DEATH

82-W

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2920 Winchester St. 16-7 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Milburn

(a) Residence: No. 2920 Winchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Willard G. Milburn

6. DATE OF BIRTH (month, day, year) 9/29/1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo.

FATHER

13. NAME Thomas H. Burgess

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Sarah E. Ringold

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Mr. Claude R. Milburn
(Address) 4600 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemy. Date 6/4/37

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Euatw Place

20. FILED ..... 19 ..... Registrar.

JUN 4 - 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jany 13 . 1937 to June 2 . 1937

I last saw her alive on June 1 . 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/12/37

Gradual decline H
heart failure

Other contributory causes of importance:

Arteriosclerosis, cerebral and general.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Wesley Cole, M. D.

(Address) 2202 Garrison Blvd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36140

36140

107-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring St. 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Yetta Alexander If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere & Greenspring St., 27 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Max

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 78; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Rumbold
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Sharey Rom Date 6-4-37

19. UNDERTAKER Hart & Levy Inc.
(Address) 1439 E. Baltimore St

20. FILED JUN 4 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1937 to June 3, 1937

I last saw h[illegible] alive on June 3, 1937 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	5-30-37
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Hypertrophic arthritis of hand & feet.	

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hordmund Levin, M. D.

(Address) Lewindale

36141 ✓ F 36141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2301 Eutaw Pl. 13-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 32 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Hyman D. Himelfarb

(a) Residence: No. 2301 Eutaw Place, ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia Abraham

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 6-4-37 19

19. UNDERTAKER Jos. Lewis & Bro.

(Address) 1439 E. Baltimore St.

JUN 4 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1936, to June 3, 1937

I last saw him alive on June 3, 1937 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of brain	

Other contributory causes of importance:

Was an operation performed? Yes Date of Dec 1936

For what disease or injury? Brain tumor

Name of operation Craniotomy Date of Dec 1936

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Katzenstein, M. D.

(Address) 814 Eutaw Place

M. D. B. 1268-9

36142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36142

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N. Carrollton Ave. St. 18-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward LeRoy Reese

(a) Residence: No. 7 N. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 9, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Charles Wesley Reese

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie Barbara Droll

16. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

17. INFORMANT Mr. Charles W. Reese
(Address) 7 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date June 4, 1937

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED JUN 4 - 1937 [illegible], M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 1st-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave.

36143

F 36143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164a

1. PLACE OF DEATH Baltimore Md,

CITY OF BALTIMORE: (No. 2401 Edmondson Ave St. 20-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 91 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Byron R. Sheffield

(a) Residence: No. 2401 Edmondson Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth A. Sheffield,

6. DATE OF BIRTH (month, day, year) March 8.1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Mercer,
(Address) 2 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 5.1937

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED June 9 1937 Geo W Little, Registrar

V S 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas poisoning	
Other contributory causes of importance: Senility,	

Was an operation performed? No, Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ....., 19.....

Where did injury occur Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Turned on all gets in stov

Nature of injury Gas poison,

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) Thos. H. Ruthrauff M. D.
Coroner

(Address) 1939 Edmondson Ave,

F 36144

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 36144

34-B-23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospital St. 11-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Norma Morris

(a) Residence: No. 890 Tyson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia Morris

6. DATE OF BIRTH (month, day, year): May 19th 1908

7. AGE: Years 29 | Months 0 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor 8040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Ralph Morris

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Celeria Morris

16. BIRTHPLACE (city or town) (State or country): Chewsville Md.

17. INFORMANT: Celeria Morris
(Address) 890 Tyson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lyons Md. Date June 4 1937

19. UNDERTAKER: Rubin C. Geddis
(Address) 720 N. Eutaw St.

20. FILED 19 Registrar.

JUN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to June 2, 1937

I last saw h alive on June 2, 1937. Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	?
Aneurism of abdominal Aorta, rupturing into trachea.	?
Massive Pulmonary Hemorrhage	May 27

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hazen Allyn, M. D.

(Address) Univ Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36145

CERTIFICATE OF DEATH

47-B F 36145

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Payson Ave. Dukeland St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Susan R. White

If U.S. Veteran specify WAR

(a) Residence: No. 615 North Augusta Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest White

6. DATE OF BIRTH (month, day, year) April 15.1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Edward Albaugh,

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

MOTHER

15. MAIDEN NAME Lucy Unkefer,

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Mrs Robert H. Coleman.

(Address) 615 N. Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Libertytown Md. Date June 6.1937

19. UNDERTAKER Geo. H. Sitle

Address 2700 Edmondson Ave.

20. FILED JN 4 - 1937 Lexington W. Thomas, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1937, to June 3rd, 1937

I last saw her alive on June 3rd, 1937 Death is said to have occurred on the date stated above, at 9.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of lung	?

Other contributory causes of importance:

Diabetes mellitus	1927
Arteriosclerosis & hypertension	?

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. S. Gunkel M. D.

(Address) West Balto. Gen'l Hosp.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36146

CERTIFICATE OF DEATH

F 36146

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Hillman St. 10-1 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph L. Burton

(a) Residence: No. 1023 Hillman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Thomas F. Burton

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Laura V. Grimes

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Laura V. Burton
(Address) 1023 Hillman St.

18. BURIAL, CREMATION, OR REMOVAL Providence, Balto Co md Date June 5, 1937

19. UNDERTAKER E. Hengerer & Son
(Address) 3615 Edmondson Ave

20. FILED June 4 - 1937 for Frances Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1936 to June 2 1937.

I last saw him alive on June 1 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	
Other contributory causes of importance:	
Acute Cardiac Dilatation	

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Littman, M. D.

(Address) 1304 S. Clinton

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36147 CERTIFICATE OF DEATH 53-E F 36147

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 451 Pitman Place Ward 12-5)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Philip H. J. Redmond Jr. If U. S. Veteran specify WAR

(a) Residence: No. 451 Pitman Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Pearl S. Redmond

6. DATE OF BIRTH (month, day, year): Nov. 14, 1880

7. AGE: Years 56 | Months 6 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cons. Gas & Elec Co

10. Date deceased last worked at this occupation (month and year): 8 Mar 37

11. Total time (years) spent in this occupation: 1086

12. BIRTHPLACE (city or town) (State or country): St. Mary's Co Md.

FATHER

13. NAME: Philip H. J. Redmond

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary McGill

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs. Pearl S. Redmond 451 Pitman Place

18. BURIAL, CREMATION, OR REMOVAL Place: Baltimore Co. Date: June 5 37

19. UNDERTAKER (Address): Wm. H. Leicht & Sons North & Fulton Aves.

JUN 4 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1937 to June 2 1937

I last saw him alive on June 1, 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Metastatic Melanotic Sarcoma lung and liver. — Date of onset: Unknown

Other contributory causes of importance: Primary Sarcoma in left eye. — 1933

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum, M. D.

(Address) 1806 E Preston St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

148 F 36148

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 138 N Lakewood Ave (Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C Costello

If U. S. Veteran specify WAR .....

(a) Residence: No. 138 N. Lakewood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 7-1-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Costello

14. BIRTHPLACE (city or town) (State or country) Ire

MOTHER

15. MAIDEN NAME Margaret O'Hara

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo. Cassenfelter Jr

(Address) 131 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 6-5 1937

19. UNDERTAKER Leonard Hartford

(Address) 520 Whitford Rd.

20. FILED ..... 1937 Huntington Williams Jr

JN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937 to June 1, 1937

I last saw him alive on June 1, 1937 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5/26/37

Other contributory causes of importance: .....

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36149 — CERTIFICATE OF DEATH — 59 F 36149

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Hare St. St., 1-2 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena M. Hess. If U. S. Veteran specify WAR

(a) Residence: No. 2 Hare St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick L. Hess.

6. DATE OF BIRTH (month, day, year) June 18, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christian Thorn

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Margaret Zeblin

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Emma Hess.
(Address) 2 E. Hare St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 6, 37

19. UNDERTAKER John A. Horan
(Address) 3000 E. Balto St.

20. FILED JUN 4 - 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 - 1936 to June 2 1937

I last saw her alive on June 2 1937. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Diabetes Gangrene	July 6-36
Other contributory causes of importance:	
Lumbago Sciatica	May 37

Was an operation performed? No Refused.

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Ellsworth Jr. M. D.

(Address) Med. Arts Bld.

36150

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36150

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Cardenas Ave 8-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Baker

(a) Residence: No. 3406 Cardenas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Baker

6. DATE OF BIRTH (month, day, year) Jan 31, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 18

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Baker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Huberter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rebecca Baker (wife)

(Address) 3406 Cardenas Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Levy's Rational Cemetery

19. UNDERTAKER J. J. Doran

(Address) 3000 E. Baltimore St.

20. FILED JUN 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from August, 1936, to June 1, 1937.

I last saw h. in alive on June 1, 1937. Death is said to have occurred on the date stated above, at 3:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1930
Chronic myocarditis	"
Other contributory causes of importance:	

Was an operation performed? not Date of

For what disease or injury?

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. Dwer Moores, M. D.

(Address) 3105 Belair Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

36151 — 53aF 36151

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Normal Ave. St., 8-S Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME June Lillian Rasche

(a) Residence: No. 1608 Normal Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 29 1934

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
2	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Ernest W. Rasche

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Hattie C. Englert

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Ernest W. Rasche
(Address) 1608 Normal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 4, 19 37

19. UNDERTAKER Harry H. Lutzke
(Address) 201 Edmondson Ave.

20. FILED ... 19 ... Registrar.

JUN 4 - 1937 Huntington Wilkinson, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1936 to June 1, 1937

I last saw h... alive on June 1, 1937. Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embryonic Carcoma of Left Kidney	About
With Metastasis	June 1936

Other contributory causes of importance:

Metastasis to Abdominal Viscera

Was an operation performed? Yes Date of Oct. 6, 1936

For what disease or injury? Sarcoma

Name of operation Left Nephrectomy

What test confirmed diagnosis? Laboratory Tests Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so specify ...

(Signed) Geo. [illegible] M.D.

(Address) 401 E. 36th Street

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

aF 36152

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No.) St. 15-13 (Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Esther Danenberg

If U. S. Veteran specify WAR ...

(a) Residence: No. 2528 Park Ave. Ter. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Joseph.

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~6037~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isidore

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sonia

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Danenberg
(Address) 2528 Park Heights Terrace

18. BURIAL, CREMATION, OR REMOVAL Hebrew Randall Cemy Date June 4 37

19. UNDERTAKER Sol Levinson Bro
(Address) 1127 E Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 2/8/37 . 19 ... to 6/4/37 . 19 ...

I last saw her alive on 6/4/37 . 19 ... Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma oesophagus — Date of onset Oct 1933?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Herbert Abramson M. D.

(Address) Sinai Hospital

IN 4 - 1937 [illegible] Baltimore, Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36153

CERTIFICATE OF DEATH

Registered No. F 36153

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Tillie Segal

(a) Residence: No. 2404 N 54th St., Ward. Phila Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kessa

6. DATE OF BIRTH (month, day, year) ? 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rumania

FATHER

13. NAME Jos Rutzo

14. BIRTHPLACE (city or town) (State or country) Rumania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rhoads

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Phila Pa Date June 4 1937

19. UNDERTAKER Jos Zurman Bro

(Address) 1127 S Bullitt St

Filed 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1937 to June 4, 1937

I last saw her alive on June 4, 1937 Death is said to have occurred on the date stated above, at 6:31 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon = metastases	1936
Other contributory causes of importance:	

Was an operation performed? Yes Date of April 19, 1937

For what disease or injury? Carcinoma Colon

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kimball M. D.

(Address) The Johns Hopkins Hospital

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

36154 CERTIFICATE OF DEATH 1140 F 36154

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of Amme St. Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lillian Martin

(a) Residence: No. 708 W. Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Al. Martin

6. DATE OF BIRTH (month, day, year) 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Max Levine

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Levine
(Address) 3512 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern Ave. Date 5-4- 1937

19. UNDERTAKER Levine & Ballo. Inc.
(Address) [illegible]

FILED MAY 6 1937

20. FILED [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance: .....

Was an operation performed? Yes Date of May 11, 1937

For what disease or injury? Abortion

Name of operation Curette Date of May 11 193

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Self Induced Date of injury May 1937, 19.....

Where did injury occur? Not Known
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Abortion Self induced

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 3707 [illegible]

36155 F 36155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

28-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Schneider

(a) Residence: No. German Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 1, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Riesner's family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Martin Schneider

14. BIRTHPLACE (city or town) Greenberg
(State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Hessler

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Records German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 7 1937

19. UNDERTAKER Geo H Cook
(Address) 1095 W. Baltimore St.

20. FILED 1937 Assistant Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1/37 19... to June 3/37. 19...
I last saw her alive on June 2/37 19... Death is said to have occurred on the date stated above, at 9.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis.	Unknown.
Broncho Pneumonia	May 28/37

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Henry Neal Snyder Jr., M. D.

(Address) 933 Hanover St.

F 36156

36156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 183

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Ground floor Chippewa Falls Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward B Walker
If U. S. Veteran specify WAR

(a) Residence: No. 2106 Dursian St., 14-B Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. truck
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME James Walker
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Catherine Woodland
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Catharine Walker
(Address) 2106 Dursian

18. BURIAL, CREMATION, OR REMOVAL
Place Northumberland Co. Va. Date 6/6 1937

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Pressman St

FILED 6-4 1937 19 Registrar. Lexington Pittsburgh, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Submersion Collapse (Drowned)	June 2 1937

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 2 1937
Where did injury occur? Creek Fall near Chippewa Falls
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place Public place -
Manner of injury Walking work & fell
Nature of injury Excessive with muscular cramp.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner M. D.
(Address) 507 [illegible]

23886 EB F 36157

F 36157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-7-23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 14-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Earnest Rines

(a) Residence: No. 1419 Penna. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married (separated)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 12-16-1885

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
51	51	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER FATHER

13. NAME Bill

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Rosette Calhoune

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date June 5 37

19. UNDERTAKER T. G. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED ..... 19.....
Registrar.

6-4-1937 Eugene Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1937 to 5-28 1937

I last saw him alive on 5-28 1937 Death is said to have occurred on the date stated above, at 2 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	3 mo.
Other contributory causes of importance: Acute Miliary Tuberculosis of Lungs	few days

Was an operation performed? No Date of ..... over

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so specify .....

(Signed) John F. Ramsey M. D.
(Address) Baltimore City Hospitals

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36158

CERTIFICATE OF DEATH 1/31

F 36158
Registered No.

1. PLACE OF DEATH Church Home & Inf.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Stemmetz

(a) Residence: No. 2014 Jefferson Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. P. Stemmetz

6. DATE OF BIRTH (month, day, year) Oct 28/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Segewinske

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. P. Stemmetz
(Address) 2014 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date June 7/37

19. UNDERTAKER Philip Hennig Sons
(Address) 2010 Eastern Ave

20. Filed ..... 19 ..... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937, to June 3, 1937.

I last saw her alive on June 3, 1937. Death is said to have occurred on the date stated above, at 1500 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular renal disease with hypertension.	12 yrs
Other contributory causes of importance: Broncho-pneumonia	6/1/37

Name of operation ..... Date of .....

What test confirmed diagnosis? C.L. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John A. Myers. M. D.

(Address) Church Home & Inf.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36159 CERTIFICATE OF DEATH 46a F 36159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Dallas St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Mank

(a) Residence: No. 803 N. Dallas st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Ena Margaret Mank

6. DATE OF BIRTH (month, day, year) Sept. 26-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ger.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Elizabeth Mank

(Address) 803 N. Dallas st

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Mem. Date June 5 1937

19. UNDERTAKER Philip Hering Son

(Address) 20 E. Eager St Baltimore Md

20. FILED ..... 19..... Registrar

JUN 4 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 2 1937

I last saw h alive on June 1 1937 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
a Arteriosclerosis	6 yrs
b	2 hr
c	
d	

Other contributory causes of importance:

Acute Cardiac Dilatation | 1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 20 E. Eager St Baltimore Md

6 4 37

F 36160

36160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Cimkus If U. S. Veteran specify WAR .....

(a) Residence: No. 830 W. Pratt St. 18-3 Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Elizabeth Cesniene

(Address) 832½ W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 5 1937

19. UNDERTAKER John Grebliauckas.

(Address) 423 S. Paca St.

20. FILED June 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	
Other contributory causes of importance: Acute Cardiac dilatation	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 1010 S. Elbrook Ave.

M. D. B. 1268-9

36161 E 36161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.... mos.....ds. How long in U. S. If of foreign birth?.... yrs. .... mos. .... ds.

2. FULL NAME Baby Girl Thomas

(a) Residence: No. 509 Cross St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md.

MOTHER FATHER

13. NAME Walter Thomas.

14. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

MOTHER

15. MAIDEN NAME Sadie Lee Norman

16. BIRTHPLACE (city or town) (State or country) Marion S.C. North Carolina

17. INFORMANT Sadie Thomas

(Address) 509 Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUN 4 - 1937 19

(Undertaker or Agent)

19. UNDERTAKER

(Address) Huntington Pallbearers, Inc.

4 - 1937

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to May 31, 1937

I last saw h.c.r. alive on May 31, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	
Other contributory causes of importance: Prolonged labor (Mid Forceps delivery)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Morris J. Nicholson M. D.

(Address) University Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36162 F 36162

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. Registered No. 137

CITY OF BALTIMORE: (No.) St., 8-6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. January If U. S. Veteran specify WAR World War

(a) Residence: No. 1604 N. Bethel St., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Fetsch January

6. DATE OF BIRTH (month, day, year) May 28, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	--	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hand Composition

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. and Dye Making

10. Date deceased last worked at this occupation (month and year) 5-14-1937

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Howard January

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna E. Lantz

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Balto County June 7 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

Huntington Williams M.D.

FILED 6-7-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1937, 19, to June 3, 1937

I last saw him alive on June 3, 1937 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, chronic, interstitial	unknown
Uremia, acute,	6-1-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical finding. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. B. H. Anderson, M. D.

(Address) L. B. H. Anderson Medical Officer in Charge.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36163

CERTIFICATE OF DEATH

F 36163

Registered No. 9-131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Ellerslie Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Healy

If U.S. Vet. specify WAR No Record

(a) Residence: No. 3811 Ellerslie Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married~~, widowed, ~~divorced~~: ~~HUSBAND of~~ (or) WIFE of Patrick L. Healy

6. DATE OF BIRTH (month, day, year) Nov 9th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): Dec 1936

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Havre de Grace Md

FATHER

13. NAME: Koenches

14. BIRTHPLACE (city or town) (State or country): Holland

MOTHER

15. MAIDEN NAME: Van Kaowa

16. BIRTHPLACE (city or town) (State or country): Holland

17. INFORMANT: Chas. O. Healy

(Address) 3811 Ellerslie Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt. Ernn Havre de Grace Md Date May 5th 37

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

JUN 4 - 1937

Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-7- 1935 to 6-2- 1937

I last saw her alive on 6-1- 1937 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo. B. Gilbert M. D.

(Address) 2802 Halford

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36164 CERTIFICATE OF DEATH ✓ 94-55 36164

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Southern Ave Ward) 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. German

If U.S. Veteran specify WAR No Record

(a) Residence: No. 2810 Southern Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE)~~: Carrie M. German

6. DATE OF BIRTH (month, day, year): April 15 1869

7. AGE: Years 68 | Months 0 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: William F. German

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Malinda Seheffer

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Carrie M. German

(Address) 2810 Southern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: June 7 1937

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

JUN 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 1937 to June 3 1937

I last saw h[illegible] alive on June 2 1937 Death is said to have occurred on the date stated above, 12.30 P. m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis — Date of onset 6-3-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If [illegible] specify

(Signed) R. L. Gorby M. D.

(Address) 5106 Harford Rd

36165 29896 36165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X - ✓ 95-B

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Hutchinson

(a) Residence: No. Sopha - Un C - St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ruth

6. DATE OF BIRTH (month, day, year) 4/8/65 -

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ind - Ohio

FATHER

13. NAME Mark M. Hutchinson

14. BIRTHPLACE (city or town) (State or country) Pa -

MOTHER

15. MAIDEN NAME Mary M - Sweeney

16. BIRTHPLACE (city or town) (State or country) Pa -

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION OR REMOVAL Lutheran Strawberry June 6 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 6-3 Huntington Woods, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to June 3, 1937

I last saw him alive on June 3, 1937 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Arteriosclerotic Cardio-Vascular disease	1934
Hypostatic pneumonia both lungs	1935

Other contributory causes of importance:

None

Was an operation performed? Dead Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James M. Hayden, M. D.

(Address) Johns Hopkins Hospital

F 36166

36166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH Little Sisters of the Poor 10-1

CITY OF BALTIMORE: (No. 1200 Valley St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida O'Brien

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Servant ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sister Stanislaus Supr.
(Address) Little Sisters of the Poor - city

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6/8/37 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1316 Eutaw Pl.

20. FILED ..... Registrar.

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb-6 1937, to June 8 - 1937

I last saw h.. alive on May -28 1937. Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2/6/37
Other contributory causes of importance: Edema of Lungs	4/3/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) C. Gill Hall, M. D.

(Address) 1631 E North ave

O.K. - Paul Rhoads, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36167 F 36167

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Sinai Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 7-5 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Vincent Cunningham If U. S. Veteran specify WAR

(a) Residence: No. White Hall, Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	8 10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Buffalo Twp. Pa.

FATHER

13. NAME George Cunningham

14. BIRTHPLACE (city or town) (State or country) Apollo Pa

MOTHER

15. MAIDEN NAME Rose Ceretta

16. BIRTHPLACE (city or town) (State or country) Youngstown Ohio

17. INFORMANT Geo. Cunningham (Address) White Hall Md

18. BURIAL, CREMATION, OR REMOVAL Place Vernon Date June 7 1937

19. UNDERTAKER P. Magdalino & Son (Address) White Hall Md

20. FILED 19 Registrar.

6-1937 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1937 to 6-4, 1937

I last saw h... alive on 6-4, 1937 Death is said to have occurred on the date stated above, at 3 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	6-4-37
Diffuse peritonitis ?	5-30-37
Other contributory causes of importance: Acute gangrenous appendicitis	5-28-37

Was an operation performed? Yes Date of 6-4-37

For what disease or injury? Acute appendicitis & diffuse peritonitis

Name of operation Appendectomy & Drainage

What test confirmed diagnosis? Oper Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E J Murphy M. D.

(Address) Sinai Hosp

M. D. H. 1268-9

E 36168

36168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Williamson Jr.

(a) Residence: No. Montrose Ave., Essex, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb. 10 - 1920

7. AGE — Years: 17 | Months: 3 | Days: 27 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

13. NAME OF FATHER: Alexander Williamson

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME OF MOTHER: Hedwig Robinson

16. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

17. INFORMANT: Mrs Alexander Williamson

(Address) Montrose Ave, Essex Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: 6/5/1937

19. UNDERTAKER: Jos. S. Connelly

(Address) Essex Md

1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3rd. 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries & Head Injuries	6/1/37

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 6/1/37

Where did injury occur? Open Country Road - Essex (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Highway

Manner of injury: Fell out of truck & rolled

Nature of injury: Crushed over Hem

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) Fred Bailey Auto Coroner, M. D.

(Address) 237 N Chas

6169 ✓ F 36169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 8 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Alexander Currens

If U. S. Veteran specify WAR

(a) Residence: No. Linaboro, Md St., ...Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	3	22	

OCCUPATION

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm do

10. Date deceased last worked at this occupation (month and year) To death

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

MOTHER FATHER

13. NAME Mr. Oliver Currens

14. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

15. MAIDEN NAME Elizabeth Walley

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Gettysburg Pa Date June 7 1937

19. UNDERTAKER C. M. Cuffel & Son

(Address) Glen Rock Pa

20. FILED ...19... Registrar.

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1937, to June 3, 1937

I last saw him alive on June 3, 1937. Death is said to have occurred on the date stated above, at 6:23 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Hypertrophied Heart	1.
Chronic Myocarditis	2.
acute Dilatation of heart	6-4/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Oliver M. D.

(Address) Union Memorial Hospital.

F 36170

36170 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie A. Brice

(a) Residence: No. Betterton Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur H. Brice

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmers wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Arthur Brice
(Address) Betterton Md

18. BURIAL, CREMATION, OR REMOVAL Place Still Pond Md Date June 7 1937

19. UNDERTAKER J. R. Fellows
(Address) Still Pond Md

20. FILED ..... 19 ..... Registrar.

June 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31 1937 to June 4 1937

I last saw her alive on June 4 1937 Death is said to have occurred on the date stated above, at 1:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion (probable) and Cardiac failure	June 4
Other contributory causes of importance: Diverticulitis	

Was an operation performed? yes Date of June 1, 1937

For what disease or injury? Diverticulitis

Name of operation Resection of cecum & part of colon

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Rachman Davidson M. D.

(Address) University Hospital

14

M. D. B 1268-9

V F 36171

36171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamian Lappard

(a) Residence: No. 1603 W. Mulberry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Not Known

6. DATE OF BIRTH (month, day, year) Feb. 23, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Wm. Lappard

14. BIRTHPLACE (city or town) S.C.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Hopkins

16. BIRTHPLACE (city or town) Wash. D.C.
(State or country)

17. INFORMANT Mamie Hill
(Address) 1603 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Nat Cemetery Date June 5th, 1937

19. UNDERTAKER Joseph A. Locke
(Address) 1611 W. Mount Street

20. FILED ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Tuberculosis of Lungs	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 3757 Wilkens Ave

M. D. B. 1268-9

F 36172

36172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 S. Charles St. 23-1 Ward)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Booth.

(a) Residence: No. 1420 S. Charles St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 21, 1878

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	58	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Booth.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Philip.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Florence Henson. (sister)

(Address) 1445 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date June 5, 1937

19. UNDERTAKER A. Reinhardt & Sons

(Address) 1420-22 S. Charles St.

20. Filed ... 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto Reinhardt, M. D.
Coroner

6/4/37 (Address) 1017 S. Charles St.

36173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36173

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1156 N Calhoun St. 16-29 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tina Swanson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1156 N Calhoun St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (~~HUSBAND~~) of (or) WIFE of Benjamen F Swanson

6. DATE OF BIRTH (month, day, year) July 29 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange Co Va.

FATHER

13. NAME Harry Wilkinson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Benjamen Swanson

(Address) 1156 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Orange Va Date June 6 37

19. UNDERTAKER W. C. Nelson

(Address) 1202 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1937 to June 2 1937

That I saw her alive on June 1, 1937. Death is said to have occurred on the date stated above, at 6 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	1/2/37
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Wallace Fiey M. D.

(Address) 1928 Penna Ave

36174 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36174

CERTIFICATE OF DEATH 18839--BF 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Foster

If U. S. Veteran specify WAR

(a) Residence: No. 1219 N. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sarah Foster

7. DATE OF BIRTH (month, day, year): 7-17-1902

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER FATHER

13. NAME: Thomas Foster

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Margaret Forbes

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Loretto Cemetery Date: June 6 1937

19. UNDERTAKER: F. C. Kelly
(Address): 1202 Presstman St.

20. FILED: Register

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1936 to 6-2, 1937

I last saw him alive on 6-2, 1937. Death is said to have occurred on the date stated above, at 2 05-6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	2 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

36175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51a F 36175

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 Penna Ave. St., 17-2 Ward)

Length of residence in city or town where death occurred 2 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walton Hardy

(a) Residence: No. 1218 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 25 1930

7. AGE: Years 6 | Months 9 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Balto. Md.

FATHER

13. NAME: Walton Hardy

14. BIRTHPLACE (City or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emma Bratton

16. BIRTHPLACE (City or town) (State or country): Md

17. INFORMANT (Address): Walton Hardy 1218 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL: Date June 6 1937

Name: Ernest C. Rhudy

19. UNDERTAKER (Address): 818 Druid Hill Ave.

20. FILED: June 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1937 to June 3, 1937

I last saw him alive on June 3, 1937 Death is said to have occurred on the date stated above, at 6.05 p.m.

The principal cause of death and related causes of importance were as follows:

Sarcoma Left kidney — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of March 2 1937

For what disease or injury? Abdominal tumor

Name of operation Exploratory operation

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Karl Gm M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36176

CERTIFICATE OF DEATH

F 36176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Ailsa Ave St., 27-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augustus Harry Alvarez If U. S. Veteran specify WAR None

(a) Residence: No. 2608 Ailsa Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Shackelford Alvarez

6. DATE OF BIRTH (month, day, year) April 4-1881

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secty Eastern

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transportation Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Augustus H Alvarez

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Mary Barnes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. A H Alvarez
(Address) 2608 Ailsa Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date June 5 19 37

19. UNDERTAKER Metzinger Bros
(Address) Baltimore Md.

JUN 5 - 1937

20. FILED ... 19 ... Registrar.

Lexington Market, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June - 3 - , 1937

22. I HEREBY CERTIFY, That I attended deceased from March - 15 - , 1937 to June - 3 - , 1937

I last saw h. alive on June - 3 , 1937. Death is said to have occurred on the date stated above, at 6.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis -	
Cholelithiasis	
Other contributory causes of importance:	
Biliary Fistula	

Was an operation performed? Yes Date of ...

For what disease or injury? Chronic Cholecystitis -

Name of operation Cholecystectomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. Brooke Boyle M. D.

(Address) 5309 Harford Road -

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36177 — 93C — F 36177

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Pelham Ave St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Paul

If U. S. Veteran specify WAR .....

(a) Residence: No. 2105 Pelham Ave St.; ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles Paul

6. DATE OF BIRTH (month, day, year): May 25 1865

7. AGE — Years: 72 | Months: 0 | Days: 9 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Frederick Wittke

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Frederica ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Paul Price (Address) 2105 Pelham Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date June 7 37

19. UNDERTAKER: Wm. H. Keyser Sons (Address) North & Pa. Aves.

JUN 5 - 1937 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to June 4 1937

I last saw her alive on June 4 37 Death is said to have occurred on the date stated above, at 1 00 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Angina) — Date of onset
Prolapsed Uterus

Other contributory causes of importance:

Cardiac decompensation

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hyman Bolton M. D.

(Address) 5703 Harford Rd.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36178

CERTIFICATE OF DEATH

F 36178

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3525 Keswick Rd. 13-7 Ward)

Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda E. Donnelly

If U. S. Veteran specify WAR ...

(a) Residence: No. 3525 Keswick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: late Charles F. Donnelly

6. DATE OF BIRTH (month, day, year): Jan. 24-1866

7. AGE: Years 71 | Months 4 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Powhatton Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Charles F. Donnelly Jr

(Address) 3525 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's Cemetery Date: 6/6/37 19

19. UNDERTAKER: Carrie & Davis

(Address) 3418 Chestnut ave

20. FILED ... 19 ... Registrar

6-1937 E. Lington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937 to June 3, 1937

I last saw her alive on June 3, 1937. Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset: 2 yrs ago.

Other contributory causes of importance: Myocarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Duffy M. D.

(Address) 5446 W 36th Balto

36179 E 36179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 194 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert L. Johnson

(a) Residence: No. 312 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cordelia

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Clarence

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Maria (Unknown)

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs. Cordelia Johnson

(Address) 312 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 5, 1937

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N. Schroeder St

25. FILED: Washington Wilkerson Registrar.

D - 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion rt foot developing into gangrene & Cellulitis Mellitus	
Other contributory causes of importance: Pulmonary embolism following	

Was an operation performed? yes Date of May 31 37

For what disease or injury? Gangrene

Name of operation amputation rt leg Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Feb 1937

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Dropped brick on foot

Nature of injury Contusion etc.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

36180 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36180

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 W. Baltimore St. 70-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret A. Pendergast

If U. S. Veteran specify WAR

(a) Residence: No. 2719 W. Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1st 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62.	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Michael Pendergast

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridget Conway

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Catherine Keegan
(Address) 2719 W Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6/7/ 1937

19. UNDERTAKER John J. Coonahan Sons
(Address) 901 Fulton Ave

20. [illegible] 19...

6-1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15-37, 1937, to 6-3, 1937.

I last saw her alive on 6-3, 1937. Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular Disease	5 yrs
Other contributory causes of importance: Diabetes Mellitus (Mild)	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Philip O. Flynn M. D.

(Address) 463 N. Howard Ave.

F 36181

F 36181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-c

Registered No. 15-11

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Callaway ave St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 8 ds. How long in U. S. if of foreign birth? 65 yrs. 4 mos. 8 ds.

If U. S. Veteran specify WAR No

2. FULL NAME John Thomas Sykes

(a) Residence: No. 3701-Callaway ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia E. Sykes

6. DATE OF BIRTH (month, day, year) Feby 8th 1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merch.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) 1 40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Sykes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Amelia E. Sykes

(Address) 3701 Callaway ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 7th 1937

19. UNDERTAKER George L. Smith

(Address) 1900 Eutaw Place

20. FILED 6-1937 Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 37

22. I HEREBY CERTIFY, That I attended deceased from June 11 1937 to June 7 1937

I last saw him alive on June 6 1937 Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary thrombosis	6 hrs
Senile Arteriosclerosis	3 yrs

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. E. Ramsay Conn M. D.

(Address) 1 E. Randolph

36182 HEALTH DEPARTMENT—CITY OF BALTIMORE 36182

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Fremont Rd. St. 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James E. Hamlett

(a) Residence: No. 10 S. Fremont Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie V. Wright Hamlett

6. DATE OF BIRTH (month, day, year) Feb. 5, 1898.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 6021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Hamlett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. James E. Hamlett

(Address) 10 S. Fremont Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Arrington, Va. Date June 6, 1937

19. UNDERTAKER Harry E. Nuttle

(Address) 4101 Monument Ave.

FILED JUN 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 3 1937

I last saw h... alive on June 3, 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute fibrinous pleurisy	1 day

Other contributory causes of importance:

Lobar pneumonia	1 day
Coronary embolism	1 day

Was an operation performed? No Date of .....

For what disease or injury? ✓

Name of operation ✓

What test confirmed diagnosis? Clinically Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) W. T. Sykes M. D.

(Address) 3321 Fredhaven

18786 EB

F 36183 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36183

V 94-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Albert Martin

(a) Residence: No. 168 Conway St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-22-1879

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	58	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME Annie Glass

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bangor, Maine Date 6/6/37

19. UNDERTAKER Geo. E. Boyer Jr
(Address) 572 Hollins St

20. FILED ... 19 ... Registrar
6-6-1937 Clayton Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-17 1936 to 6-4 1937

I last saw him alive on 6-4 1937 Death is said to have occurred on the date stated above, at 4:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	24 hrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hospitals

6184
32952

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36184

CERTIFICATE OF DEATH

X V 95-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. Dubquoin Ill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise

6. DATE OF BIRTH (month, day, year) 9/21/73

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill

MOTHER FATHER

13. NAME Francis M

14. BIRTHPLACE (city or town) (State or country) Ill

15. MAIDEN NAME Emma Lemen

16. BIRTHPLACE (city or town) (State or country) Ill

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dubuque Iowa Ill. Date June 6, 1937

19. UNDERTAKER Mrs. Ida B. Enderlin
(Address) Mc Cullough Richards

20. FILED June 7, 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to June 5, 1937

I last saw him alive on June 5, 1937 Death is said to have occurred on the date stated above, at 11:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1930
(No evidence of prim. T.B.)	
Other contributory causes of importance:	
Cerebral Embolism ?	
Cerebral thrombosis ? Hemiplegia	6-4 37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. Hollis Heard, M. D.

(Address) 4376 J.H.H.

36185 E 36185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 Argyle St. 17-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman E Hicks

If U. S. Veteran specify WAR

(a) Residence: No. 1016 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cue	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-5-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Hicks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Thomas Green

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT George Hicks
(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/7 37 19

19. UNDERTAKER William A Jacksons
(Address) 916 Pleasant

IED
JUN 6 - 1937
Registrar.
S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon/based from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest, (Inquest, Autopsy or Inquiry) did that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	June 5
Pulmonary Oedema	1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Working Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Green, M. D.
Coroner

(Address) 50 Augusta

E 36186

36186 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1513 Edmondson Ave St. 19-1 Ward)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Thompson

(a) Residence: No. 1513 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29-1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Thompson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Robert Lewis

(Address) 1513 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/7 37 19

19. UNDERTAKER William A Parham

(Address) Baltimore Md

20. FILED ..... 19 ..... Registrar

JUN 8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, before ..... (Inquest, Autopsy or Inquiry) and from the evidence ..... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset June 4 1937

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carl Fallen, M. D.

(Address) 1500 Eutaw Pl

F 36187

36187 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 w. Lafayette St., 46-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edna Barth Frisby

(a) Residence: No. 1423 w. Lafayette Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
F	ed	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) mar 28 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME James Frisby

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mabel ?.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Richard Martin 1422 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 6/7/ 37

19. UNDERTAKER (Address) Thomas E. Kelson 1503 Freedman St

20. FILED JUN 6 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937, to June 3, 1937

I last saw her alive on June 3, 1937 Death is said to have occurred on the date stated above, at 10.04 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/28/37

Other contributory causes of importance: None

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. V. Pryor M. D.

(Address) 1536 W. Lanvale St.

6188 F 36188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37-393-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Montebello Terrace Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen F. Thuson

(a) Residence: No. 2316 Montebello Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col. | 5. Single, Married, Widowed, Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND — (or) WIFE of: N. Douglas Thuson

7. DATE OF BIRTH (month, day, year): Oct. 20 1889

8. AGE: Years 47 | Months 7 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Jacob Turner

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Fannie Turner

16. BIRTHPLACE (city or town) (State or country): Winchester Va.

17. INFORMANT: N. Douglas Thuson

(Address): 2316 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: June 7. 1937

19. UNDERTAKER: Robert H. Young.

(Address): 504 N. Caroline St

6-1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5. 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937 to June 1 1937

I last saw her alive on June 1 1937. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	3-22-37

Other contributory causes of importance: (over)

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. R. Campbell M. D.

(Address) 718 Dolphin St.

F 36189

36189 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St., 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Julia Gibson

(a) Residence: No. 213 Orleans Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. W. Authorn

(Address) 926 N. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date 6-7 .37

19. UNDERTAKER J. J. Fahey & Sons

(Address) 1318 Light St.

20. FILED ..... Huntington Pittsburgh, Pa.

6-1531

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 .1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) ... therein and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) ... and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance: Acute cardiac dilatation

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... .19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. M. Wright Coroner, M. D.

(Address) 1010 S. Edwards Ave

36190 E 36190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 3-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Blaszczyk

(a) Residence: No. 221 S. Bond St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ^

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unk.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date June 7 1937

19. UNDERTAKER Fred W. Brzadoski (Address) 1930 Eastern Ave

20. FILED ..... 19 ..... Registrar

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd degree burns over chest & arms etc.	
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury June 3 1937

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto City Hospital - Oxygen tent exploded

Manner of injury burns

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.

(Address) 610 S. Ellwood Ave

6191 Hensell F 36191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Frederick Road 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Amelia Paxton Hensell

If U. S. Veteran specify WAR .....

(a) Residence: No. Athol, Gundry Home St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Hensell

6. DATE OF BIRTH (month, day, year) Jany 15, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Pa

13. NAME Eliza A. Paxton

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Flora Wellman

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT R. M. Paxton M.D.

(Address) 188 E Clarendon Ave Westerly R.I.

18. BURIAL, CREMATION, OR REMOVAL

Place Shelling N. Va Date June 7 1937

19. UNDERTAKER John Mitchell Sons

(Address) 1905 Eutaw Place

20. EMBALMER 1561 Pennsylvania Ave, N.W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 1911, to June 5 1937

I last saw h.. alive on June 3 1937. Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1st

Other contributory causes of importance:

Arteriosclerosis Chronic

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Myra J. Gundry, M. D.

(Address) 500 2 Freemason St City

Spec.—1-30—M. & T.—250 Bks.

F 36192

36192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Lombard St ST. 18-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mary M. Anderson,

(a) RESIDENCE NO. 1029 N. Lombard St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White.

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of or) WIFE of Robert B Anderson,

6 DATE OF BIRTH (month, day, and year) Nov. 27. 1874.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	4	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 0037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

8 BIRTHPLACE (city or town) (State or country) Fairfax, Va.

10 NAME OF FATHER Stephen Shipman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Robert B Anderson, (Address) 1029 N Lombard St

15 Filed 6-1937 19 Huntington Whittington Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4. 1937

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 4, 1937, that I last saw h[illegible] alive on June 4, 1937, and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar Pneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary) None

(duration) — yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical Physical

(Signed) Chas Norton, M. D.

6/5, 1937 (Address) 888 N. Lombard St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemtry.

DATE OF BURIAL: 6/8/1937

20 UNDERTAKER: Chas W. Will

ADDRESS: 3109 Frederick

36193 ✓ F 36193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Kenwood Ave 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 45 yrs. ..... mos. ..... ds.

2. FULL NAME Raymond Raymond Schreib

If U.S Veteran specify WAR .....

(a) Residence: No. 423 N. Kenwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mollie

7. DATE OF BIRTH (month, day, year): June 13 1873

8. AGE: Years: 63 | Months: 11 | Days: 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 9015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Frank Schreib

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mollie Schreib

(Address) 423 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL: Placed Heart Inn Date June 7 1937

19. UNDERTAKER: Martin M.E. Rippel

(Address) 37 S. Ann St.

20. FILED 1937 Ft. Eutaw Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 4, 1937.

I last saw him alive on June 3, 1937. Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia — Date of onset 6/1/37

Myocardial insufficiency — Date of onset 6/1/37

Other contributory causes of importance:

Hypertension chr. nephritis, ? Heart arteriosclerosis

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Dobihal, M. D.

(Address) 447 N. Kenwood Ave.

F 36194 ✓ F 36194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 46-E F 36194

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 916 Bunnvale St. 25-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Kate Gumm

If U. S. Veteran specify WAR .....

(a) Residence: No. 916 Bunnvale St., Ward. Pleasant Gap Pa.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles D. Gumm

7. DATE OF BIRTH (month, day, year) Dec. 21, 1867

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) Jan. 1936

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Pleasant Grove Bedford Co. Pa.

13. NAME Henry Hemmes Negro

14. BIRTHPLACE (city or town) (State or country) Pleasant Grove Bedford Co. Pa.

15. MAIDEN NAME Martha Ann Colpine

16. BIRTHPLACE (city or town) (State or country) Pleasant Grove Bedford Co. Pa.

17. INFORMANT Mrs. Michael J. Gumm

(Address) 916 Bunnvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Grove Date 6/8/37 19 ...

19. UNDERTAKER Wm. G. Boyd & Son

(Address) Frostburg Md.

20. FILED ... Huntington Williams, M.D.

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1937 to June 5, 1937

I last saw h... alive on June 5, 1937 Death is said to have occurred on the date stated above, at 10 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	?
Other contributory causes of importance: Intestinal obstruction	Jan 1, 37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harry Hemmes M. D.

(Address) 25 S. W. Lynch St.

O.K. - Paul Schenley, M.D.

36195 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36195

CERTIFICATE OF DEATH

X 9 186-A 36195

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 9-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John Jenifer

if U. S. Veteran specify WAR

(a) Residence No. Hughesville Md St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hughesville Md

FATHER

13. NAME John Jenifer

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ann Craven

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Marion Jenifer Hughesville Md

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Benedict Date 6/8/37

19. UNDERTAKER Elgin Mackall Hughesville Md

(Address)

20. FILED 6-9 1937 Clayton Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937 to June 6, 1937

I last saw him alive on June 6, 1937. Death is said to have occurred on the date stated above, at 2 20/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left Femur	1 mo
Advanced Cardio-Vascular disease	?
Other contributory causes of importance: Uremia	1 mo ?

Was an operation performed? Yes Date of 5-7-37

For what disease or injury? Fracture of femur

Name of operation Closed reduction and plaster Cast

What test confirmed diagnosis? Dr Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury ? 19...

Where did injury occur? Near Hughesville Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on Road Struck Toe.

Nature of injury Fracture of left Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph Hospital

M. D. B. 1268-9

36196

F 36196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Centinting Hosp St. 16-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John R Dolan

(a) Residence: No. 954 Forrest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26th 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	11	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linesmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Penn

FATHER

13. NAME James C. Dolan (Living)

14. BIRTHPLACE (city or town) (State or country) Fall River Mass.

MOTHER

15. MAIDEN NAME Mary Shannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James J. Dolan
(Address) 927 Pierce St Phil, Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia Pa Date June 6 1937

19. UNDERTAKER William J Zukner & Sons
(Address) North & Penna Ave

6-11 1937 Huntingdon Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21st 1937 to June 6th 1937

I last saw him alive on June 6th 1937 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	5-21-37

Other contributory causes of importance:

Perforated Gastric Ulcer

Name of operation Laparotomy Date of 5-21-37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John F. Aubrey M. D.

(Address) Temple Court Apartments, 34th & Guilford Ave.

F 36197

36197 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2642 W Franklin St. 20-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U.S. Veteran specify War No Record

2. FULL NAME Caroline Keating

(a) Residence: No. 2642 W. Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND (or) WIFE of William J. Keating

DATE OF BIRTH (month, day, year) about 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER James C Kane

14. BIRTHPLACE (city or town) (State or country) Port Carlon Pa

15. MAIDEN NAME OF MOTHER Mary J Grimes

16. BIRTHPLACE (city or town) (State or country) Pema

INFORMANT William J. Keating

(Address) 2642 W. Franklin St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date June 7th 37

UNDERTAKER William Cook

(Address) 2175 E Fayette St

FILED ... E. Fenton Mitchell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to June 4, 1937

I last saw ... alive on June 3, 1937 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	
Carcinoma of uterus.	1 year.

Other contributory causes of importance:

Was an operation performed? no. Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

E. Fenton Mitchell, M. D.
(Signed)

2901 Edmondson Ave.
(Address)

F 36198

36198 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No. 36-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4629 Asbury Ave. 36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify War No Record

2. FULL NAME Mary Anderson

(a) Residence: No. 4629 Asbury Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed~~ or ~~divorced~~ (or) WIFE of Charles M. Anderson

DATE OF BIRTH (month, day, year) Oct 9th 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Marsey

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas M. Anderson

(Address) 4629 Asbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date June 7th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 7 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to June 4 1937

I last saw him alive on June 4 1937 and Death is said to have occurred on the date stated above, at 10-a.m.

The principal cause of death and related causes (if any) of importance were as follows:

Cerebral Hemorrhage

Hypertension

Myocarditis

Date of onset May 31-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred Rogers M. D.

(Address) 1000 N Calvert St

36199 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36199

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 W. Fayette St. (Ward) 4-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Dwyer

If U.S. Veteran specify WAR No Record

(a) Residence: No. 626 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Married

6. a. If married, ~~widowed~~ or ~~divorced~~ (or) WIFE of William H. Dwyer

DATE OF BIRTH (month, day, year) Sept 4th 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Winchester Va

13. NAME John Henry Andrews

14. BIRTHPLACE (city or town) (State or country) Winchester Va

15. MAIDEN NAME Isabella A. Andrews

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md

17. INFORMANT William H. Dwyer

(Address) 626 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 8th 37

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 7-1931 Washington, D.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May —, 1937 to June 5, 1937

I last saw her alive on June 5, 1937 Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset June 1937

Other contributory causes of importance:

Arteriosclerosis

Nephritis

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) G. Nightstens M. D.

(Address) 2726 Penna. Ave.

36200

F 36200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen Hosp St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen O'Connor

If U.S. Veteran, specify War No Record

(a) Residence: No. 1615 Bolton St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of John O'Connor

6. DATE OF BIRTH (month, day, year) Aug 26th 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) California

13. NAME 2. Partridge

14. BIRTHPLACE (city or town) (State or country) Maine

15. MAIDEN NAME 4. Bond

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT John O'Connor Jr

(Address) 1706 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 8th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 7 - 1937 Lexington Williamson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6- 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6-37 19..., to 6-6-37 19...

I last saw her alive on 6-6-37 19... Death is said to have occurred on the date stated above, at 1.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulitis of Sigmoid.	
Other contributory causes of importance: Peritonitis	

Was an operation performed? yes Date of 2-6-

For what disease or injury? Sigmoidectomy

What test confirmed diagnosis? Clinical Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Peter Dees M. D.

(Address) Md. Gen Hosp

24112 EB

36201 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36201

CERTIFICATE OF DEATH

82-a

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 13-3 Ward.

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lula Volandt or Louisa Volandt — If U. S. Veteran specify WAR No Record

(a) Residence: No. 2614 Francis St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ~~1867~~

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Volandt
14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret White
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date June 8 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
Burial for Williamsport, Md.

20. FILED 6-7-1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1937 to 6-5 1937
I last saw h... alive on 6-5 1937 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	2 hrs
Other contributory causes of importance:	

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wm F. Tawney M. D.
(Address) Baltimore City Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36202

CERTIFICATE OF DEATH

93 C

F 36202

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1704 Eutaw St., Ward 7)

Length of residence in city or town where death occurred 1 yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Waters

If U. S. Veteran specify WAR War Vetn

(a) Residence: No. 1704 Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Emma Williams

(Address) 1422 Rockwell Ct.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 6/7 37

19. UNDERTAKER T. E. Kelson

(Address) 1302 Preston St

20. FILED 19 Registrar

7-1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 3-4 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo Carditis	
Other contributory causes of importance: Passed in World war	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Kramer M. D.
Coroner

(Address) 1216 Walker

HEALTH DEPARTMENT—CITY OF BALTIMORE

#23766

F 36203

CERTIFICATE OF DEATH

95-B SF

F 36203

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Life St. 22-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Vaughan

(a) Residence: No. 513 Fislen St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of George

DATE OF BIRTH (month, day, year) 2/9/1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Georganna Doves

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date June 9, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 522 N Schroeder St

20. FILED 6-7-1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5 .1937

22. I HEREBY CERTIFY, That I attended deceased from 5-22 1937 to 6-5 1937

I last saw her alive on 6-5 1937 Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	14 mos
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos L. Varney M. D.

(Address) Baltimore City Hosp

F 36204

6204 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 S. Paca St. 21-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Smith — If U.S. Veteran specify WAR no

(a) Residence: No. 919 S. Paca St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida M. Smith

DATE OF BIRTH (month, day, year) Jan. 25, 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwork

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. L. Hummel

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ida M. Smith

(Address) 919 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 7, 1937

19. UNDERTAKER M. Nus. John W. Zumbrun Son

(Address) 201 W. Fayette St

20. FILED June 7 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/2, 1937 to 6/4, 1937

I last saw him alive on 6/4/37, 1937. Death is said to have occurred on the date stated above, at 1.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	6/4/37
Other contributory causes of importance: Cerebral Hemorrhage	6/4/37
Generalized Arterio Sclerosis	

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph E. Lankarti M. D.

(Address) 679 Washington Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

6205 F 36205

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Marshall St. 23-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 38 yrs. ... mos. ... ds.

2. FULL NAME Maria Sansone

(a) Residence: No. 1108 Marshall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Marco Sansone

6. DATE OF BIRTH (month, day, year) Oct. 11 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sicily

13. NAME Michael Scalio

14. BIRTHPLACE (city or town) (State or country) Sicily

15. MAIDEN NAME Josephine Palmisano

16. BIRTHPLACE (city or town) (State or country) Sicily

17. INFORMANT Mrs. Mary Sansone
(Address) 1108 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date June 8, 1937

19. UNDERTAKER Elizabeth Hartle Inc.
(Address) 1600 West Lexington St.

JUN 7 - 1937 Huntington Williams
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937 to June 5, 1937

I last saw h alive on June 4, 1937 Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5/4/37
Right Hemiplegia	about

Other contributory causes of importance:

Arteriosclerosis	1911?

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) M. Bavaro M. D.

(Address) 4362 Fort Ave

6206

HEALTH DEPARTMENT—CITY OF BALTIMORE F 36206

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mabel Lewis

(a) Residence: No. Alexander Ave; Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Negro
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Leon Savoy

6. DATE OF BIRTH (month, day, year): July 16 1908

7. AGE: Years 28 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

MOTHER FATHER

13. NAME: Samuel Saunders
14. BIRTHPLACE (city or town) (State or country): Norfolk Va
15. MAIDEN NAME: Mary
16. BIRTHPLACE (city or town) (State or country): Norfolk Va

17. INFORMANT: Leon Savoy
(Address): Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Star Date: June 7, 1937

19. UNDERTAKER: Mrs Katie R Williams
(Address): 322 E Lanvale St

20. Filed 1937 19 Registrar.
Arlington Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to June 4, 1937
I last saw her alive on 6.4. 1937 Death is said to have occurred on the date stated above, at 10.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcerative colitis	1936?
	ovr
Other contributory causes of importance:	
secondary anemia	1-15-37
malnutrition	10-15-36?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical + X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James D. Carr M. D.
(Address) 515 Mosher St

F 36207

36207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Cutcher (A)

(a) Residence: No. 2816 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6 - 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Henry Walter Cutcher

FATHER

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Almeda Thiel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry Walter Cutcher
(Address) 2816 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date June 7 . 1937

19. UNDERTAKER R. W. Little
(Address) 2250 Edmondson Ave

20. FILED JUN 7 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6/ . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schnyder . M. D.
Coroner

(Address) 1912 E. North Ave.

36208 F 36208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Girl Cutcher (B)

If U. S. Veteran specify WAR ...

(a) Residence: No. 2816 W. Mulberry St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Harry Walter Cutcher

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Alverta Thiel

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Harry Walter Thiel

(Address) 2816 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemt Date June 7 1937

19. UNDERTAKER R. W. Little

(Address) 1700 Edmondson Ave

20. FILED ... 19 ... Registrar

6-7-1937 A. Eyton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6/ , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul Schreyer, M. D. Coroner

(Address) 1912 E. North Ave.

AACo. 5-31 250B

F 36209

36209 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W Lee St., 22 Ward)

Length of residence in city or town where death occurred 78 yrs 2 mos 13 ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME Christopher Columbus Sanders

(a) Residence: No. 110 W. Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sanders

6. DATE OF BIRTH (month, day, year) March 23 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year) 6/5/37

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Harry S. Stone

(Address) 116 W Lee St.

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Date June 8, 1937

19. UNDERTAKER John F Denny

(Address) 715 Light St.

6 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 1917, to 6/5, 1937

I last saw him alive on 6/4 1937 death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis — Hypertension — Cerebral hemorrhage — Chronic

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Unknown Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas S Strauss, M. D.

(Address) 1422 W Lee

M. D. B. 1268-9

36210

F 36210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Wilkins Ave 20-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Barbara Rauch.

(a) Residence: No. 2500 Wilkins Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Married

6. DATE OF BIRTH (month, day, year) 11-19-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Thum

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Barbara Hahn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Rauch
(Address) 2500 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 6-8 1937

19. UNDERTAKER Thos. H. Hill Funeral Home Inc.
(Address) 2512 Pennsylvania Ave.

20. FILED June 8 1937 Wm. Livingston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to June 5, 1937

I last saw h-e alive on June 5, 1937. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	

Other contributory causes of importance:

Chronic myocarditis & hypotension
Embolism to left leg.
Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. C. Coates M. D.

(Address) 4 N. Dallas Ave.

M. D. B 1268-9

36211 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36211

CERTIFICATE OF DEATH V 210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Jones

(a) Residence: No. St. George's Island, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) .....
(State or country)

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT Marion Doddson
(Address) Clifton Ave. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Co. St. George's Island June 8, 1937

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place, City

7-1937 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Inj. 5. Cerebr. Vertebra	6/5 -

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/5 1937

Where did injury occur? Highway Bland Road Q. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Was riding in auto Came

Nature of injury Lac. contusion + car overturned

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fenton Gurley Ante M. D.
Coroner

(Address) 907 N. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36212 #23455

CERTIFICATE OF DEATH

F 36212

Registered No. 5-1 823

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Houseman

If U. S. Veteran specify WAR

(a) Residence: No. 1206 E. Lexington St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Yette

7. DATE OF BIRTH (month, day, year) 1/15/1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	61	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. sells papers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan Houseman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woerner Circle Date 6-7- 37

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Balt. St

Registrar.

FILED 6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-37

22. I HEREBY CERTIFY, That I attended deceased from 4-5-37 to 6-7-37

I last saw him alive on 6-7-37 Death is said to have occurred on the date stated above, at 3:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (Non syphilitic)	Unk
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36213

F 36213

CERTIFICATE OF DEATH

✓ 111-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 21-1 (Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louise Kaplan

(a) Residence: No. 209 So Freemont Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Sol

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mamie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Father

(Address) 709 No Freemont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run Cem 6/7 1937

19. UNDERTAKER Jack Lewis Inc

(Address) 1525 Eutaw St

20. F... 1937 ... Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
(Cause Undetermined)	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. K. Gruber M. D.

Coroner

(Address) 2757 Eutaw St

LORRAINE

F 36214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 4-2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lorraine Halstead

(a) Residence: No. Chicamuxen, Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME J. Edward Halstead

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ethel Wheeler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT University Hosp. Records

(Address) Chinchoam Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Patuxent Md. Date June 9 - 37

19. UNDERTAKER Smith & Tyson

(Address) Upper Marlboro Md.

FILED JUN 7 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/26, 1937 to 6/6, 1937

I last saw her alive on 6/6, 1937 Death is said to have occurred on the date stated above, at 11:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Cellulites of whole left side (costal margin to iliac crest	4/1/37

Was an operation performed? yes Date of 5/28/37

For what disease or injury? Pulmonary Tuberculosis

Name of operation Extrapleural Thoracoplasty

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dean H. Lewis, M. D.

(Address) University Hospital

Bovaird

36215 F 36215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

on route for Miami Fla. Merchant & Miners Trans Co.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S. S. Allegany St. 4 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Boulton Bovaird

(a) Residence: No. 198 South Ave. Bradford Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Donald W.

6. DATE OF BIRTH (month, day, year) Aug 21 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smethport Pa

MOTHER FATHER

13. NAME Joseph W. Boulton

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Julia Mason Eastman

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Donald W. Bovaird

(Address) 198 South Ave Bradford Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Allegheny Pa Date June 7 1937

19. UNDERTAKER Williams Whitmore & Son

(Address) Bradford Penna Ave

20. DATE RECEIVED - 1937 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Undulant Fever	May 1935
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. W. Wright Coroner, M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE 36216

F 36216

CERTIFICATE OF DEATH

V 23

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3323 Ravenwood Ave Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred M. Lewis
If U. S. Veteran specify WAR

(a) Residence: No. 3323 Ravenwood ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 17, 1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Raymond W. Lewis
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Ella R. Flynn
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Mrs. Raymond Lewis
(Address) 3323 Ravenwood ave.
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date June 8, 1937
19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St ~~Washington Blvd~~
20. FILED 19
Registrar.

JUN 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936 to June 4, 1937
I last saw her alive on June 4, 1937. Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	unknown
Other contributory causes of importance:	
Empyema.	Jul. 1936

Was an operation performed? Yes Date of Feb. 5, 1936
For what disease or injury? Pulmonary tuberculosis.
Name of operation Pneumolysis. Date of Feb 5, 1936
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ed. Symmingella M. D.
(Address) medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

36217

CERTIFICATE OF DEATH

123 F 36217

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora V. Frank

If U. S. Veteran specify WAR

(a) Residence: No. Hemmers Run Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hamilton Frank

6. DATE OF BIRTH (month, day, year) Oct 26, 1916

7. AGE: Years 20 | Months 7 | Days 11 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

13. NAME George H. Smith

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

15. MAIDEN NAME Mary Lenning

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mr. George H. Smith
(Address) Hemmers Run Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Zion Lutheran Date June 8, 1937

19. UNDERTAKER Fiedler Funeral Service
(Address) 940 Eastern Ave.

JUN 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to June 5, 1937

I last saw h[illegible] alive on June 5, 1937. Death is said to have occurred on the date stated above, at 11:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	
Subdural Hemorrhage with Obstruction & Pneumonia	3 days
Other contributory causes of importance:	
Uremia.	one

Was an operation performed? yes Date of June 3, 37

For what disease or injury?

Name of operation Enterostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible] specify

(Signed) Thos. R. Stephenson M. D.

(Address) St. Joseph Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36218

CERTIFICATE OF DEATH

F 36218

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. of Md. Hosp. St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gail Hartel

If U. S. Veteran specify WAR

(a) Residence: No. 1115 Appleton St. Appleton Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) FEB. 11. 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Hartel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret Haden

16. BIRTHPLACE (city or town) (State or country) Tyrone Pa

17. INFORMANT James Hartel

(Address) 1115 N. Appleton

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6/8/37

19. UNDERTAKER Thos. F. Kenny

(Address) 16 Cor Pratt & Eutaw Sts

20. FILED JUN 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1937 to 6/6, 1937

I last saw h... alive on 6/5, 1937 Death is said to have occurred on the date stated above, at 6 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Unknown
Streptococcal Sepsis	6/4/37
Other contributory causes of importance:	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Gruen M. D.

(Address) Univ. of Md. Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

36219

CERTIFICATE OF DEATH

F 36219

1. PLACE OF DEATH John Hopkins Hospital 706 Registered No.
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 1-1 (Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanislas Czekalski If U. S. Veteran specify WAR

(a) Residence: No. 1227 S. Ducker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) Aug. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Balto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Wablaski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Joseph Czekalski Eastern Ave & 52nd at Colgate

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date June 8 1937

19. UNDERTAKER Martin F. E. Boyd. (Address) 6 E. Eager St.

FILED 19 Registrar

6-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Skull + Neck	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 6-5- 1937

Where did injury occur? Front 217 N Central Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Auto Collided a Freight Car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hulet Gurley Otts M. D. Coroner

(Address) 907 N. Ofsender

HEALTH DEPARTMENT—CITY OF BALTIMORE

36220

CERTIFICATE OF DEATH

1865 F 36220

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W. Lexington St. 19-2 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret E. Muller

(a) Residence: No. 1404 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Feb. 11, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John R. Muller

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Ellen Price

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Elizabeth Cox
(Address) 1400 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date June 7, 1937

19. UNDERTAKER J. Vernon Keelper
(Address) 230 Edmondson Ave

20. FILED JUN 7 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by such Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Fractured Hip	

Was an operation performed? No, Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? Accidental Date of injury 5/31, 1937

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell to floor

Nature of injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thos. F. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave

F 36221

36221 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 S. Bethel St., 3-1 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary M. Faison

(a) Residence: No. 5 S. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
abt 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rag sorter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME " "

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Rev. Rosie Zant

(Address) 1433 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cahery Cem. 6-7-37

19. UNDERTAKER Bryson & Mamie W. Wright

(Address) 2357 McCulloh St

20. FILED 6-7-1937 Lillian Phillips, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Probably June 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Probably cerebral apoplexy

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. M. D. Wright, M. D.

Coroner

(Address) 1010 S. Edmondson Ave

M. D. B. 1268-9

✓ F 36222

36222

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2513 Strathmore Av. Ward 27

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie W. Schuck

(a) Residence: No. 2513 Strathmore Av., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Schuck

6. DATE OF BIRTH (month, day, year) Aug 4-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick Sueble

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Metzinger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry Schuck

(Address) 2513 Strathmore Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park June 8-37

19. UNDERTAKER Wm. H. Valentine

(Address) 3026 Eiton St.

20. FILED ... 19... Huntington Wallace, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1933 to June 1937.

I last saw h[er] alive on June 4th 1937. Death is said to have occurred on the date stated above, at 3.00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	Unknown
Other contributory causes of importance: Cerebral Vascular Accident (Probably Cerebral Hemorrhage)	June 4th 1937

Name of operation Not Applicable Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Not Applicable

(Signed) Thomas Conrad Wolff, M. D.

(Address) 11 E. Chase St. Baltimore

36223 BONKOWSKY ✓ F 36223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen Hosp St., 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 34 yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Mary Bonkowska

(a) Residence: No. 201 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Widow

DATE OF BIRTH (month, day, year) April 72

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME James. Krizer

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Pauline Buckner.

(Address) 201 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date June 8 1937

19. UNDERTAKER Stephen J. Falkowski 14c

(Address) 1008 S. Kenwood Ave

JUN 7 - 1937 Stephen J. Falkowski

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26 1937 to June 5 1937

I last saw her alive on June 5 1937 Death is said to have occurred on the date stated above, at 4:26 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1-Carcinoma Uteri Cancer	2
2-Terminal Bronchopneumonia	Jun 3

Other contributory causes of importance:

Was an operation performed? yes Date of 6-1-37

For what disease or injury? Cholecysto-gastrostomy for Carcinoma Cancer.

What test confirmed diagnosis? ... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton Levin M. D.

(Address) W 8 9 X

6224 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36224

CERTIFICATE OF DEATH

CM 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 26-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Schultz

If U. S. Veteran specify WAR

(a) Residence: No. None St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Oct. 28th, 1903

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
33	7	7	XXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Un. Charles Schultz

14. BIRTHPLACE (city or town) Baltimore Md. (State or country)

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) Un. (State or country)

17. INFORMANT Records of Balto. City Hospts. (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/9/37 19

19. UNDERTAKER George J. Ruth, Inc. (Address) 1735-Harford Ave.

20. FILED ..... 19 ..... Registrar.

6 • 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1936, to 6-6, 1937

I last saw him alive on June 6, 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs — Date of onset Aug 1936

Other contributory causes of importance:

Marie Strumpell's arthritis

Amyloid nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jaye Goldman M. D.

(Address) Baltimore City Hospitals

F 36225

36225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? 24 yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Vito Reina

(a) Residence: No. 634 S. Linwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fortunata Reina

6. DATE OF BIRTH (month, day, year) Sept. 3, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME of Giovanni Reina

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Antonetta Lapiana

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Fortunata Reina (Wife)

(Address) 634 S. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. June 8, 1937

19. UNDERTAKER Frank Della Rose

(Address) 52 N. Motzy St.

20. FILED June 8 - 1937 Harrington Nathaniel Nash

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-19-, 1937 to June 5, 1937

I last saw h.~~im~~. alive on June 5, 1937 Death is said to have occurred on the date stated above, at 1:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis	3-9-37
Other contributory causes of importance: Generalized arteriosclerosis	5 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raid Lafeal Bayo, M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36226

CERTIFICATE OF DEATH

117-8

F 36226

Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dunmore St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Samuel W. Stewart

(a) Residence: No. 1019 Howard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Stewart

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Maryland

MOTHER'S MAIDEN NAME

13. NAME Johns Stewart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Anna Robinson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Stewart

(Address) 1019 Howard

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date June 8 1937

19. UNDERTAKER Isaac L Bowles

(Address) 108 W Montgomery St

20. June 7 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1937, to 6-5, 1937

I last saw him alive on 6-5, 1937. Death is said to have occurred on the date stated above, at 2.30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Tubal Pregnancy when	
Generalized Peritonitis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 5-31

For what disease or injury? Rupt. Tubal Pregnancy when

Name of operation Repair Rupt. Tubal Preg. when

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Lubliner, M. D.

(Address) Provident Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24107

F 36227

CERTIFICATE OF DEATH

107-a

SF

F 36227

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joe Louis Stewart

(a) Residence: No. 919 Bevans St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 8/14/1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 8 37

19. UNDERTAKER Isaiah L Brown Sons

(Address) 108 W Monument Street

FILED 1937 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/3/37, 19 to 6/8/37, 19

I last saw him alive on 6/3/37 Death is said to have occurred on the date stated above, at 6 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	6/1/37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A Jalexander M. D.

(Address) Balto. City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE 36228

36228

CERTIFICATE OF DEATH

46-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2641 2641 N Charles St. 12-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (5) yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles B. Fardy

If U. S. Veteran specify WAR .....

(a) Residence: No. 2641 N Charles St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 10-2-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret'd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Matthew Fardy

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Louise C Hoffman

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Loretta Fardy

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 6/8 1937

19. UNDERTAKER Leonard Rusk

(Address) 2205 Fairfield Rd

20. FILED ..... 1937 Registrar

Lington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1936 to June 5 1937

I last saw h... alive on June 4 1937 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach. — Duration: Years 1936

Other contributory causes of importance: Pyloric obstruction — Duration: May 28 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William R. Geraghty M. D.

(Address) 2225 St Paul St. 10 E. Biddle St

36229 HEALTH DEPARTMENT—CITY OF BALTIMORE 36229

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 N Paffelton St 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Sperlein

If U. S. Veteran specify WAR

(a) Residence: No. 118 N Paffelton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): W

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-26-1856

7. AGE: Years 80 | Months 6 | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: George Sperlein

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Finnefrock

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Jno Peter Friedrich

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date 6/8/37, 19

19. UNDERTAKER: Leonard J. Reuter

(Address) 5268 Belair Rd

20. FILED 19

Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-V, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 to June 5, 1937

I last saw h[illegible] alive on June 3, 1937 Death is said to have occurred on the date stated above, 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5 hrs
	about
Other contributory causes of importance:	
Malnutrition	2 yrs

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 62 W North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36230

CERTIFICATE OF DEATH

159

F 36230

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. Hosp. St., 13-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Taylor Heubeck

If U. S. Veteran specify WAR .....

(a) Residence: No. 714 Berry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): June 3 1937

7. AGE: Years ... Months ... Days 3 ... If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Edward D. Heubeck.

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Francis L. Taylor.

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Edward D. Heubeck.

(Address) 714 Berry St.

18. BURIAL, CREMATION, OR REMOVAL: St Mary's Hampden Date June 7, 1937

19. UNDERTAKER: E. Lemmon & Son.

(Address) 3615 O Eastern Ave.

JUN 7 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-7. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937 to June 7, 1937

I last saw h.er alive on June 7, 1937 Death is said to have occurred on the date stated above, at 7a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Failure of Respiratory center	
Other contributory causes of importance	
Prematurity	
none	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no ... If so, specify .....

(Signed) W. B. Smith M. D.

(Address) Union Mem. Hosp.

Hubbach

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36231

CERTIFICATE OF DEATH

82-a

F 36231

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 Braddish Ave St., 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Katharine Hubbach

(a) Residence: No. 1712 Braddish Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Henry E. Hubbach

6. DATE OF BIRTH (month, day, year): Mar. 20 1860

7. AGE: Years 77; Months 2; Days 12; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year): Retired

11. Total time (years) spent in this occupation: 53 yrs.

12. BIRTHPLACE (city or town) (State or country): Darmstadt Germany

MOTHER FATHER

13. NAME: Mohn

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ger.

17. INFORMANT: Henry E. Hubbach (Address) 1712 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL: Lorraine Cem. Date June 8 1937

19. UNDERTAKER: Mamie C. Lyter (Address) 1600 W. North Ave

20. FILED: 7-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937 to June 5, 1937

I last saw her alive on June 5, 1937 Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Other contributory causes of importance: Apoplexy & Cerebral Hemorrhage

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund F. M. D.

(Address) 1605 W. North Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

#23792

6232

CERTIFICATE OF DEATH

F 36232 ST

Registered No. 19-1 107 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Holmes

(a) Residence: No. 1609 Edmondson Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thornton (div.)

7. DATE OF BIRTH (month, day, year) 1/25/1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Gaines Lockhart

14. BIRTHPLACE (city or town) (State or country) Ala.

15. MAIDEN NAME Annie Braxton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/9 1937

19. UNDERTAKER Samuel McCullough

(Address) 638 N. Fulton Ave

20. FILED ..... 19..... Registrar.

6 - 1937 Arrington for Williams, M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 — 6 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1937 to 6-6 1937

I last saw h.e.r alive on 6-6 1937 Death is said to have occurred on the date stated above, at 11:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of face.	3 weeks
Bilateral gangrene of eyelids	2½ weeks
Broncho-pneumonia	1 day.

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robert Brantigan, M. D.

(Address) Baltimore City Hosp.

F 36233

6233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6701 Park Heights St. 27-? Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth ? yrs. ? mos. ? ds.

If U. S. Veteran specify WAR

2. FULL NAME Healey Hunter

(a) Residence: No. 6701 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): ? 1871

7. AGE: Years 56 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butler Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Home

10. Date deceased last worked at this occupation (month and year): June 5 '37

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): unknown

MOTHER'S NAME

13. NAME

14. BIRTHPLACE (city or town) (State or country): unknown

FATHER'S NAME

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Mrs. Nathan Perkins

(Address) 6701 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester Co. Va. Date 6/?/37, 19

19. UNDERTAKER: Mrs. Geo. H. Holland

(Address) 631 Druid Hill Ave

Huntington Williams Jr. Registrar

6-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from on June 6, 1937 to ... 19...

I last saw him alive on June 6, 1937. Death is said to have occurred on the date stated above, at 12.30 mP.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - about 4 years ago.	
Hypertension - " " " "	
Cerebral hemorrhage on June 6, 1937	

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Charles K. Bookman, M. D.

(Address) 1417 Eutaw Place

M. D. B 1268-9

F 36234

HEALTH DEPARTMENT—CITY OF BALTIMORE

234

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME LeRoy Budd
(a) Residence: No. 1129 Lawrence St. 1625 Presstman St., Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? ? 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) May 28. 37
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME Samuel Budd
14. BIRTHPLACE (city or town) (State or country) Washington D.C.
15. MAIDEN NAME Lillian Johnson
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Earnest Budd
(Address) New York City

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet N.Y.C. Date 6/7/37 19

19. UNDERTAKER Wm. Jas. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull St.	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury May 30 1937
Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place on the street -
Manner of injury Hit on head with milk bottle in a fight - fractured skull St.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Krieger Coroner M. D.
(Address) 1010 S. Edmondson Ave

3235 F 36235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-7 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME ..... Walter Watts .....

(a) Residence: No. 926 N. Pine St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUN 7 - 1937
Commissioner of Health

19. UNDERTAKER Per E. A. Boom
(Address)

20. FILED ..... 19..... Registrar.

1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-3 1928 to 5-31 1937

I last saw him alive on 5-31 1937 Death is said to have occurred on the date stated above, at 6 05 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 2 wks

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

6236 F 36236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

23930--B Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Amelia Starr

(a) Residence: No. 413 N. Fremont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	?

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) D.C.
(State or country)

13. NAME Redman Starr

14. BIRTHPLACE (city or town) D.C.
(State or country)

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) D.C.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JAN 7 - 1937

19. UNDERTAKER Per U. A. Boore
(Address) Huntington Williams, N.Y.

20. JAN 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-28-1937 to 6-2-1937

I last saw h. alive on 6-2-1937 Death is said to have occurred on the date stated above, at 9 25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Dis.	6 mos
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John L. Kanney M. D.

(Address) Baltimore City Hospitals

H

3958

15096 E 36237

36237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 8-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Louis Eversman

(a) Residence: No. 2406 E. Biddle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 12-11-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	81	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Frederick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Brenert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUN 7 - 1937
(Name) Director of Health

19. UNDERTAKER Per G. L. Boore
(Address)

20. 6 - 1937 Huntington Williams, M.D. Registrar.

3259

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 3 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 12 - 16 , 1931 to 6 - 3 , 1937

I last saw him alive on 6 - 3 , 1937 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	1 yr.
arteriosclerotic heart disease	1 "

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. L. Brantigan, M. D.
(Address) Baltimore City Hosp.

M. D. F. 1768-2

F 36238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36238

125-a

Registered No. 24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Sq. Hosp (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Klein

(a) Residence: No. 1267 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of: Irene Neal Klein

7. DATE OF BIRTH (month, day, year): July 23, 1901

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: William Klein

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Annie Appel

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Irene Klein
(Address): 1267 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: Jan 8, 1937

19. UNDERTAKER: Martin Fahey & Sons
(Address): 1827 W. Pratt St.

FILED JUN 7 - 1937 Lington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June, 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1937 to 6-5, 1937

I last saw him alive on 6-5, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Acute yellow atrophy of liver

Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. T. DeFazio, M. D.

(Address) Franklin Square Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36239 — 2-3 F 36239

Registered No.

1. PLACE OF DEATH — EF

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Casimer Rudnicki

(a) Residence: No. 524 S. Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-18-1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Anthony Rudnicki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Helen ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 9, 1937

19. UNDERTAKER Fred W. Ozarowski
(Address) 1930 Eastern Avenue

20. FILED [illegible] for Registrar.
6-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1933 to June 5, 1937

I last saw h alive on June 5, 1937 Death is said to have occurred on the date stated above, at 12 20 pm.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of lungs. — Date of onset Oct 1933.

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-2, 8-4, 8-20, '36

For what disease or injury? Tuberculosis

Name of operation Extrapleural Thoracoplasty

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jaye Grollman M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36240

CERTIFICATE OF DEATH

23 F 36240

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Churchill St. 22-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary L. Ross

(a) Residence: No. 207 Churchill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis E. Ross

6. DATE OF BIRTH (month, day, year) Nov. 15, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Meister

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Jane Cannon (Daughter)
(Address) 207 Churchill St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date June 8, 1937

19. UNDERTAKER A. Howard Evans & Sons
(Address) 1400 E. Chase St

Huntington Williams, Registrar.

FILED JUN 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to June 6, 1937

I last saw her alive on June 5, 37. Death is said to have occurred on the date stated above, at 12.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular disease	?
Other contributory causes of importance: - - -	?

Was an operation performed? no Date of

For what disease or injury? no

Name of operation - - - - -

What test confirmed diagnosis? P.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - -

Harry Deibel M.D.
(Signed)

(Address) 1224-1226 Hanover St.

F 36241

36241 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2042 Bank St., 2-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Wladyslaw William Leszkowski If U. S. Veteran specify WAR .....

(a) Residence: No. 2042 Bank St. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. Color or Race white
5. Single, Married, Widowed, or Divorced (write the word) widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Sept 14 1869

7. AGE — Years 67 | Months 8 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Retired) Lobner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Felix Kruszynski (Son-in-law)
(Address) 2042 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 8, 1937

19. UNDERTAKER John H. Weber
(Address) 1401 E. Chase St

20. Date - 1937 Clinton Williams, M.D. Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset .....

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. W. Wright Coroner, M. D.
(Address) 1810 S. Edmondson Ave.

✓ F 36242

36242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHN HOPKINS HOSP. St., 8-7 Ward)

Length of residence in city or town where death occurred 1 yrs. LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME JOSEPH D. ELLINGHAUS

(a) Residence: No. 2018 E. EAGER ST. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGL

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) NOV. 11/1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ELEVATOR OPERATOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOCHSCHILD KOHN

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD.

FATHER

13. NAME NICHOLAS ELLINGHAUS

14. BIRTHPLACE (city or town) (State or country) BALTO. MD.

MOTHER

15. MAIDEN NAME MARGARET O LEARY

16. BIRTHPLACE (city or town) (State or country) BALTO.

17. INFORMANT WILLIAM ELLINGHAUS (BRO.)
(Address) 414 N. GLOVER ST.

18. BURIAL, CREMATION) OR REMOVAL
Place Pleasant Date June 8 1937

19. UNDERTAKER Fuhrman & Sons & Waters
(Address) Washington Boulevard

20. [illegible] - 1937 Washington Boulevard

S S

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE. 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Strangulation

Date of onset

Other contributory causes of importance:

Asphyxia

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 6-4-1937

Where did injury occur? 2018 E. Eager St. - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanged self with electric wire

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1918 E. North Ave.

M. D. B. 1268-9

36243

F 36243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210 M

Registered No. 11-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME James J. Meehan.

(a) Residence: No. Do not know. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	-	----------	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Circus clown.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Departm ent.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUN 7 - 1937 19
Commissioner of Health
For H. A. Moore

19. UNDERTAKER
(Address)

20. Filed 1937

3262

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains of the above named and that I have viewed the same and from the evidence obtained by inquest (Inquest, Autopsy or Inquiry) found that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the Skull	

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 13/37 19...

Where did injury occur? North Ave & Oak St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Drove his auto into another

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

5/31/37 Otto W. Reinhardt M. D.
Coroner

(Address) 1017 S. Charles St.

36244 F 36244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

169

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bath St ne. Hellen St. 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter, Dye alias Walter Carter If U. S. Veteran specify WAR .....

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W Cuto	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Police Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Meadowridge Date 6/5/37 19

19. UNDERTAKER Los Angeles Funeral Co.

(Address) 1600 Hollins St.

20. [illegible] - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fx. Skull	
multiple Fractures & Contusions	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury May 26, 1937

Where did injury occur? Bath St nr Butler Mkt
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Jumped fr Viaduct

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Wallace M. D.
Coroner

(Address) 1031 St. Paul

S 6

M. D. B. 1268-9

36245 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36245

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 N. Robinson St., 6-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nellie Hooper Powell

(a) Residence: No. 432 N. Robinson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wesley Powell.

7. DATE OF BIRTH (month, day, year) May 7 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Richard Hooper

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary E. Reeves.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. William Riddick

(Address) 432 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dr. Memorial Burial Date June 8, 1937

19. UNDERTAKER Wm. H. Speer Son

(Address) 1331 E. Fayette St.

20. FILED JUN 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1932 to June 5 1937

I last saw her alive on June 4, 1937. Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Generalized Arteriosclerosis	1932

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel C. Mills M. D.

(Address) 1331 E. Fayette

36246 F 36246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 114-B

1. PLACE OF DEATH Univ. - Hospital 2

CITY OF BALTIMORE: (No. ..... St. 4 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George B Hoe

(a) Residence: No. Cherry Run Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: M

6. DATE OF BIRTH (month, day, year): 1881

7. AGE: Years 56 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): ~~Unknown~~ West Virginia

13. NAME OF FATHER: ~~Unknown~~ George

14. BIRTHPLACE (city or town) (State or country): ~~Unknown~~ West Virginia

15. MAIDEN NAME OF MOTHER: ~~Unknown~~ Elizabeth Yonce

16. BIRTHPLACE (city or town) (State or country): ~~Unknown~~ West Virginia

17. INFORMANT: Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Martinsburg W. Va. Date: June 7, 1937

19. UNDERTAKER: Vernon Kuhner

(Address): 2301 Edmondson Ave

20. FILED: June 8, 1937 Arthur Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/7/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/30/37, 19..., to 6/7/37, 19...

I last saw him alive on 6/7/37, 19... Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

Lung abscess — Date of onset: over

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) William H. Finch M. D.

(Address) Univ. Hospital

6247 F 36247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital 27-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Burton.

(a) Residence: No. 736 Northern Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) June 5, '37.

AGE Years	Months	Days	If LESS than 1 day 13 hrs. or min.
Premature	of 7 mo.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Women's Hospital Baltimore

13. NAME Jerome Burton.

14. BIRTHPLACE (city or town) (State or country) ~~Maryland~~ Pennsylvania.

15. MAIDEN NAME Mildred Clement

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Jerome Burton
(Address) 736 Northern Parkway City.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/8/37

19. UNDERTAKER Harry Hudzbke
(Address) 4161 Edmondson Ave

20. FILED ... E. Huntington ... Registrar
... 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937. to June 6 1937.
I last saw HIM alive on June 6, 1937. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature infant. (7 mo.)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Mary Scanlon, M.D.
(Address) Women's Hospital, Baltimore

Bemisderfer

F 36248

36248 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 4402 Whitedak ave 15-10 Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose L. Bemisderfer

(a) Residence: No. 4402 White oak Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Bemisderfer

6. DATE OF BIRTH (month, day, year) May 31, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Ebenezer B. Markward

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary E. Marriz

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Charles A. Bemisderfer 4402 White oak Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 10 1937

19. UNDERTAKER (Address) Harry Hobbske 1101 Edmondson ave

FILED 19 Registrar.

NC - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 . 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) did that said deceased came to death on the day stated above. 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating gas	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury June 6 . 1937

Where did injury occur? 4402 Whiteoak Ave, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Gas from kitchen stove

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hamilton Lewis M. D. Coroner

(Address) 1215 Hanover

6249 F 36249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. John Hopkins Hospital St. 10-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Phoenicia Smith

(a) Residence: No. 1016 N. Eden St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 4, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	8 7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER FATHER

13. NAME Solon Smith

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Phoenicia Young

16. BIRTHPLACE (city or town) (State or country) Essex, Va.

17. INFORMANT Solon Smith
(Address) 1016 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 6/7 1937

19. UNDERTAKER Leach & Locke
(Address) 1362 Jefferson St.

20. FILED ..... 19 ..... Registrar.

6-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came ... her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral lobular pneumonia	

Other contributory causes of importance: None

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) Paul Schenby M. D.
Coroner

(Address) 1914 E. Huth Ave.

F. D. B. 1268-9

F 36250

36250 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Scott St. 21-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert L. Williams

(a) Residence: No. 609 Scott St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Beatrice Williams

DATE OF BIRTH (month, day, year) Sept 29 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cab Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi Cab

10. Date deceased last worked at this occupation (month and year) May 37

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) Eastport
(State or country) Maryland

13. NAME August Williams

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Helen G. Williams
(Address) 609 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Bluff / Date June 6 1937

19. UNDERTAKER Ambrose Inc.
(Address) 1617 W. Lanvale St

20. FILED June 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10 1937 to June 5 1937

I last saw him alive on June 5 1937. Death is said to have occurred on the date stated above, at 3:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Heart Disease	April 37
Other contributory causes of importance:	
	Unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) Edward F. Mihan M. D.

(Address) 685 Washington Blvd

6251 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36251

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N Read St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Slaptay

If U. S. Veteran specify WAR Spanish War

(a) Residence: No. 227 N Read St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Last 64				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mr Ricards

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Butts Hill Cemetery Date 6-8 1937

19. UNDERTAKER Bernard G Fink

(Address) 641 Belair Road.

20. FILED ... 19... Registrar.

6-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 7.45 Pm

	Date of onset
Cardiac Thrombosis	
	1

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thomas Graves, M. D. Coroner

(Address) 210 Equitable

F 36252

36252 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH 2016 Brunt 14-3 Registered No.

CITY OF BALTIMORE: (No. 2016 St. Brunt Ward 14-3) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John W. Lane If U. S. Veteran specify WAR

(a) Residence, No. 2016 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col. | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Lane

6. DATE OF BIRTH (month, day, year) May 18 1901

7. AGE: Years 36 | Months 0 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Lane

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Irene Murray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. M. Murray 2016 Brunt
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 7/9 37

19. UNDERTAKER T. E. Kelson (Address) 1303 Presstman St

20. FILED 19 Registrar

8-1931 Eugene Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 5:30 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) A. Ray Carozza, M. D. Coroner

(Address) 216 Hanover

36253 John Blake F 36253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1636 Vincent St. 15-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME John Blake
(a) Residence, No. 1636 Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54		0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER
13. NAME Hatley Blake
14. BIRTHPLACE (city or town) (State or country) Md

FATHER
15. MAIDEN NAME Maria Johnson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ben Blake
(Address) 1636 Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 6/8 1937

19. UNDERTAKER E. Kelson Freeman.
(Address) 1303 Freeman

20. FILED H. Lington Williams, Registrar.
8- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above 2.30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Hamner Coroner M. D.
(Address) 125 Hanover

HEALTH DEPARTMENT—CITY OF BALTIMORE

#22674

36254

CERTIFICATE OF DEATH

83-34 No. 36254

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Cheek

If U. S. Veteran specify WAR

(a) Residence: No. 103 W. 20th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
male	colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

DATE OF BIRTH (month, day, year) 2/27/1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37	3	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Elisa Alston

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date June 11 1937

19. UNDERTAKER Adolphus Whitehead

(Address) 2132 Edmondson Ave

20. FILED JUN 8 - 1937 19 Registrar Wilhelmina Wilkins, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 4 - 13 . 1937 to 6 - 5 . 1937

I last saw h.. alive on 6 - 5 . 1937 Death is said to have occurred on the date stated above, at 11.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	3 A.
Ureteral fistulae	1.
Vesico-rectal fistula	1.
Abscess of pelvis	1 week

Other contributory causes of importance:

over

Was an operation performed? yes Date of

For what disease or injury? Carcinoma cervix

Name of operation

What test confirmed diagnosis? Laboratory + operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Brautigan M. D.

(Address) Baltimore City Hospitals

36255 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36255

CERTIFICATE OF DEATH

√ 95-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1417 N. Central Ave) (Ward 4-4)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie M. Chenoweth If U.S. Veteran specify WAR No Record

(a) Residence: No. 1417 N. Central St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ (or) WIFE of Arthur V. Chenoweth

DATE OF BIRTH (month, day, year) May 17th 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME William Doxen

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Martha Gordon

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Arthur V. Chenoweth

(Address) 1417 N. Central Ave

BURIAL, CREMATION, OR REMOVAL

Place Forest Belair Md Date June 9th 1937

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED Huntington W. Brooks, M.D.

JUN - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 1937 to June 6 1937

I last saw h... alive on June 6 1937 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	5/1/37
Other contributory causes of importance:	
Arterio-sclerosis	1934
Cardiac hypertrophy	1934

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) William F. Schellman, M. D.

(Address) 6 East Biddle St

36256 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36256

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 Penrose ave St., 20-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruben Lavey

If U. S. Veteran specify WAR

(a) Residence: No. 1927 Penrose ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Lavey

DATE OF BIRTH (month, day, year): Dec. 7-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Woodstock Md

13. NAME: Ruben Lavey

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary J. Stuckbech

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Mary E. Lavey

(Address) 1927 Penrose ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodstock Md. Date: June 9 37

19. UNDERTAKER: Geo. F. Bayer Jr

(Address) 1512 Hollins St

20. FILED 19

- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-6- , 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937 to June 5, 1937

I last saw him alive on June 5, 1937. Death is said to have occurred on the date stated above, at 12.45 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetis Mellitus — Date of onset

Other contributory causes of importance:

Diabetic Coma

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theo. Kolodenty M. D.

(Address) 2021 W Balto St

36257 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36257

CERTIFICATE OF DEATH

✓ -46-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2200 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Hoerner

If U. S. Veteran specify WAR

(a) Residence: No. 5723 Pimlico Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) January 30, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) April 1931. 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) La Crosse
(State or country) Wisconsin

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown.
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fraland, Md. Date June 10, 1937

19. UNDERTAKER: Paul H. Harkenstein
(Address) New Freedom, Pa.

20. FILED JUN 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to June 7, 1937

I last saw her alive on June 7, 1937 Death is said to have occurred on the date stated above, at 11:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retroperitoneal Sarcoma Metastases	—
Other contributory causes of importance: Respiratory Failure	

Was an operation performed? Yes Date of 5/6/37

For what disease or injury? Sarcoma

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel Wilfan, M. D.

(Address) Sinai Hospital

F 36258

36258 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 13-1 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mob. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E. Masron

(a) Residence: No. 902 Chauncey Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Esther

6. DATE OF BIRTH (month, day, year) Oct 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 61	61	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME husband Louis Masron

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel husband Koticheritz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Alice Masron

(Address) 902 Chauncey Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Chevra Kadisha Cem. Date June 8 1937

19. UNDERTAKER Sol Sussman & Bros

(Address) 1127 E Balto St

20. FILED ..... 19 ..... Registrar

JUN 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came ... his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1
	2
	3
	(a)
	b
	c

Other contributory causes of importance:
Cardiac Failure

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....

(Signed) Paul Schenter , M. D.
Coroner

(Address) 1917 E. North Ave.

F 36259

36259 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 46-E

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 761 Grantley St. 16-8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Wedemeyer

(a) Residence: No. 761 Grantley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Wedemeyer Sr.

6. DATE OF BIRTH (month, day, year) Sept. 30, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Wedemeyer Jr.
(Address) 761 Grantley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6/8/37. 19

19. UNDERTAKER Frederick A. Pole
(Address) 2003 W Lombard St

20. FILED 8-1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to June 6, 1937.

I last saw h... alive on June 6, 1937. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	June 1
Contributory	June 5

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1732 E Baltimore St

36260

HEALTH DEPARTMENT—CITY OF BALTIMORE

36260 V 159 F 36260

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins + Caton Ave St. 50-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Russel (Boy) 521 S. Bentalou

(a) Residence: No. (St. Agnes Hospital) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) June 6, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J. Russel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Helen C. Sullivan

16. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

17. INFORMANT John J. Russel

(Address) 521 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date June 8, 1937

19. UNDERTAKER Margaret D. Flynn

(Address) 1522 Light St.

20. FILED JUN 8 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to June 7, 1937

I last saw h.. alive on June 7, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Parr M. D.

(Address) St. Agnes Hospital

F 36261

36261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert L. Pillsbury

(a) Residence: No. Glenburnie Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): Apr. 3, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
X	X

12. BIRTHPLACE (city or town) (State or country): Brooklyn Md

MOTHER'S MAIDEN NAME

13. NAME: Lewis R. Pillsbury

14. BIRTHPLACE (city or town) (State or country): Gloucester Va

15. MAIDEN NAME: Lillian Wood

16. BIRTHPLACE (city or town) (State or country): King Queen, Co Va

17. INFORMANT: Mr Lewis R. Pillsbury

(Address): Brooklyn, Md. RFD 9

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: June 9 1937

19. UNDERTAKER: Thomas W. Singleton

(Address): Glen Burnie, Md.

FILED: JUN 8 1937 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1937 to 6/7, 1937

I last saw him alive on 6/7, 1937. Death is said to have occurred on the date stated above, at 8:12 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Ct	5/29
Pneumonia, Mixed, Ct	5/31
Convulsions, Ct	6/4
Nephritis, Chronic	6/1
Other contributory causes of importance: Anemia	6/5

Was an operation performed? Yes Date of 6/7

For what disease or injury? Pneumonia, Ct

Name of operation Catheterization

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H. Lamb M. D.

(Address) University Hosp.

262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36262

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4310 White Ave., Balto., Md. St., 26th Ward)

Registered No. 31-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Ernest F. Schultz

(a) Residence: No. 4310 White Ave., Balto., Md. St., 26th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Bauer

7. DATE OF BIRTH (month, day, year) Nov. 21st, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationery Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown, Cork & Seal Co.

10. Date deceased last worked at this occupation (month and year) January, 1937

11. Total time (years) spent in this occupation 14yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ernest Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eleanora Schultz

(Address) 4310 White Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date June 11, 1937

19. UNDERTAKER Fiedler Lobaugh & Son

(Address) 7101 Belair Rd.

20. FILED JUN 3 - 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937 to June 7, 1937

I last saw him alive on June 7, 1937 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency (sudden termination)	1931
Chronic Myocarditis	June 2nd
Pulmonary Oedema	1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd., Balto., Md.

36263

HEALTH DEPARTMENT—CITY OF BALTIMORE

36263

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 27-S Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Reinhart

(a) Residence: No. 4003 Fleetwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry M Reinhart

6. DATE OF BIRTH (month, day, year): Nov 29, 1874

7. AGE: Years 62 | Months 5 6 | Days 7 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Michael Fitzgerald

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Mary Fitzpatrick

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Henry M. Reinhart
(Address) 4003 Fleetwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Cem. Date: June 9th 1937

19. UNDERTAKER: Leslie Robaldson & Son
(Address) 7401 Belair Rd.

20. FILED 6-9 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to June 7, 1937

I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-4-37
Hypertension & Arteriosclerosis	?
Other contributory causes of importance: Hemorrhoids	?

Was an operation performed? Yes Date of 6-2-37

For what disease or injury? Hemorrhoids

Name of operation Hemorrhoidectomy (local)

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hospital

36264

36264 12
32

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lamlat Pennington

(a) Residence: No. 1923 McElderry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Lulu E Pennington

7. DATE OF BIRTH (month, day, year) 12/13/60

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinder Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work

10. Date deceased last worked at this occupation (month and year) Jan 11 1937

11. Total time (years) spent in this occupation Life time

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Levi Pennington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Sutton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 9 1937

19. UNDERTAKER John Ulrich
(Address) 200 S Calvert

FILED JUN 8 1937 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1937 to June 6, 1937

I last saw h.. alive on June 6, 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Rectum with extensive metastases	3 yrs

Other contributory causes of importance: None

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Colostomy

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) M B Wood hall M. D.

(Address) Johns Hopkins Hospital

36265 E 36265

HEALTH DEPARTMENT—CITY OF BALTIMORE

#23888

CERTIFICATE OF DEATH

6-4 95-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Monfalcone

If U. S. Veteran specify WAR

(a) Residence: No. 205 N. Castle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/30/1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Joseph E.

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Alice Severe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date June 8 1937

19. UNDERTAKER John Cerici

(Address) 1128 Huntington Pikesville, Md.

FILED JUN 8 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1937, to 6-4, 1937

I last saw h/M alive on 6-4, 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	12 yrs ?

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John L. Ramsey M.D.

(Address) Baltimore City Hospitals

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36266

CERTIFICATE OF DEATH.

✓ 131 F 36266

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2528 Mosher ST., 16th WARD

2-FULL NAME Mrs Amanda Wareheim

(a) RESIDENCE NO. 2528 Mosher ST., 16th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of → William H. Wareheim

6 DATE OF BIRTH (month, day, and year) March 18 1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
77	2	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 3 yrs.

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Carroll Co. Maryland

PARENTS

10 NAME OF FATHER Leo Eichart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Elizabeth Lane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Laurence Wenzel

(Address) 2528 Mosher St Balto. Md.

15 Filed 6-7 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6 1937

17 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1937, to June 6, 1937, that I last saw h w alive on June 6, 1937, and that death occurred, on the date stated above, at 9 25 P. m.

The CAUSE OF DEATH* was as follows:

Cardio vascular sclerosis

(duration) one yrs mos ds.

CONTRIBUTORY (Secondary) Intestinal obstruction

(duration) yrs 4 mos — da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) M Bowmanstood, M. D.

6/7, 1937 (Address) 2200 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Carroll Co. Faust church cem. Md. DATE OF BURIAL June 9 1937

20 UNDERTAKER John N. Little & Son ADDRESS Fallstown Md. R.F.D. 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36267

CERTIFICATE OF DEATH

F 36267

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S. Belnord Ave. St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George C. Freund

(a) Residence: No. 505 S. Belnord Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 10, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	26,	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month, year) June 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER'S FATHER'S

13. NAME Charles Freund

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Annie Freund
(Address) 505 S. Belnord Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place 1st Evangelical Date June 8, 37

19. UNDERTAKER Henry Sander & Son, Inc.
Baltimore St. & Broadway

20. FILED Huntington Williams 6-8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to June 5, 1937

I last saw him alive on June 4, 1937. Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Chr. myocarditis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Toubey M. D.

(Address) 1115 S. Ellwood Av

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36268

36268

Registered No. 51 C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 Mullinan St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lloyd J. Williams

If U S Veteran specify WAR

(a) Residence: No. 1600 Mullinan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Birdie Williams

DATE OF BIRTH (month, day, year) ~~May~~ 1882

AGE	Years	Months	If LESS than 1 day, hrs. or min.
	approx 55		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hunt Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Belmont Mass.

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Tenn

15. MAIDEN NAME Caroline Colley

16. BIRTHPLACE (city or town) (State or country) Mo.

17. INFORMANT Mrs Birdie Williams (Wife)

(Address) 1600 Mullinan St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Park Date June 8 1937

19. UNDERTAKER Robert Mullinan

(Address) 515 McElderry St

20. FILED 8-1937 Lexington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to June 4 1937

I last saw h alive on June 4 1937 Death is said to have occurred on the date stated above, at 10.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate with metastasis to bladder	Aug 1936
Other contributory causes of importance: Complete Paralysis of both legs.	Jan 1937

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis Physical and Lab. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

F 36269

36269 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. 36-5

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTO. CITY HOSP. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR.

2. FULL NAME MICHAEL HAWKINS

(a) Residence: No. 6517 FAIT AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EVA HAWKINS

6. DATE OF BIRTH (month, day, year) ? 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CRANE OPERATOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. DETRICK CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) NEW JERSEY

FATHER

13. NAME PATRICK HAWKINS

14. BIRTHPLACE (city or town) (State or country) NEW JERSEY

MOTHER

15. MAIDEN NAME MARY B. BEATTY

16. BIRTHPLACE (city or town) (State or country) NEW JERSEY

17. INFORMANT EVA HAWKINS (WIFE)
(Address) 6517 FAIT AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED HAERT. Date JUNE 9 1937

19. UNDERTAKER Lilly & Zeilenhofer
(Address) 403 S WOLFE. ST

20. FILED JUN 8 - 1937 19 Livingston Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came
to ... death on the day stated above.

11/15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACC Date of injury 6/2 1937

Where did injury occur? (Specify city or county, and State) Fort Smallwood Road Co.

Specify whether injury occurred in industry, in home, or in public place Highway —

Manner of injury Auto turned over on

Nature of injury Bridge —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Hunter Coroner M. D.

(Address) 207 N Charles St

36270

6270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 N. Carey St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Carrie Miller

(a) Residence: No. 1027 N. Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Miller

6. DATE OF BIRTH (month, day, year) Nov. 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 2 31 3 7

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mrs ? Carroll

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Wesley Miller

(Address) 1027 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 6/8 1937

19. UNDERTAKER Walter B. Pugh

(Address) 539 W. Lanvale St.

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 31 1937 to 6 4 1937

I last saw h[illegible] alive on 6 4 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 5 31 37

Other contributory causes of importance:

Unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank E. Saunders M. D.

(Address) 1029 N. Stricker St.

36271 F 36271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward 14-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Prather

If U. S. Veteran specify WAR

(a) Residence: No. 2010 Ege Ct, Sparrows Pt. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	Negro	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Prather

6. DATE OF BIRTH (month, day, year) March 17, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME Fielding Brown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Harriet Gerby

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carrie Prather (Address) 1622 Ft. St Sparrowspoint

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem Date June 9th 1937

19. UNDERTAKER Mary A. Elliott daughter

(Address) 1129 N. Caroline St

20. FILED JUN 8 1937 Livingston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to June 5, 1937

I last saw her alive on June 5, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pneumonia	5.23.37
Other contributory causes of importance:	
none	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical or laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Carr M. D.

(Address) 515 Mosher St

✓ F 36272

272 HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2204 Ashland Avenue St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JACOB K. DeLAWDER

(a) Residence: No. 2204 Ashland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie V. DeLawder

6. DATE OF BIRTH (month, day, year) Aug. 8, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fidelity Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakland, Md.

FATHER

13. NAME Andrew N. DeLawder

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Margaret Cecelia Kerr

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Rev. Edwin A. DeLawder

(Address) 2801 North Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date June 11, 1937

19. UNDERTAKER Chas. H. Grave & Son

(Address) 118 W. Mt. Royal Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from February, 1937. to June 7, 1937.

I last saw h. alive on June 6, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	5 yrs.
Other contributory causes of importance: Coronary Occlusion	June 6/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd. M. D.

(Address) 2005 E. Monument St.

JUL 8 1937

Registrar

36273 HEALTH DEPARTMENT—CITY OF BALTIMORE 36273

94-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH 2102 Hartford Rd 9-8
CITY OF BALTIMORE: (No. Baltimore Md St., (Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 62 yrs. 8 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Joseph Ray Magill
(a) Residence: No. 2102 Hartford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Magill
6. DATE OF BIRTH (month, day, year): Sept 21 - 1874.
7. AGE: Years 62; Months 8; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto trimmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: also 6 yrs History Dept
10. Date deceased last worked at this occupation (month and year): April - 1937.
11. Total time (years) employed at this occupation: Unemployed for [illegible]

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
13. NAME: Johnnie Magill
14. BIRTHPLACE (city or town) (State or country): Uniontown Md
15. MAIDEN NAME: Rebecca Dorsey
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs Mary Magill
(Address) 2102 Hartford Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Park Wood Cem Date: June 9 1937

19. UNDERTAKER: Jos Jos Oerter & Son
(Address) 217 E Paca st.

FILED JUN 8 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1937. to June 6, 1937.
I last saw h[illegible] alive on June 5, 1937. Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1936
Other contributory causes of importance: Generalized arteriosclerosis	1926

Was an operation performed? No Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.
(Address) 1331 E Madison

36274 54

HEALTH DEPARTMENT—CITY OF BALTIMORE 36274

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Quarles

If U. S. Veteran specify WAR

(a) Residence: No. 305 W. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 2-12-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER

13. NAME Charles Freeman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Davis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Ave Date June 10 1937

19. UNDERTAKER H. M. Snyder

(Address) Mt. Airy Md

JUN 8 1937 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct- 19, 1936 to June 6, 1937.

I last saw her alive on June 6, 1937. Death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Laryngitis bilateral

pneumonia, T.B. contributory

TB intestinal ulcerations

Date of onset: Aug. 1936

Other contributory causes of importance:

Pulmonary tuberculosis

Was an operation performed? Yes Date of 10/9/36 & 3/12/37

For what disease or injury? Tuberculosis laryngitis

Name of operation Hypodermic, subgingo-submaxillary tubing, Laryngectomy

What test confirmed diagnosis? Microscopic section, X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William E. Gilmore, M. D.

(Address) Johns Hopkins Hospital

Lexington Parkway, Md

36275 F 36275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 728 S. Bond St. 3-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 mos. 17 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Barbara May Plank
If U. S. Veteran specify WAR .....

(a) Residence: No. 728 S. Bond, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) aug 24. 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Walter Plank

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Carrie Plank

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Walter R. Plank
(Address) 728 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Co. Date June 8 1937

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2007 Eastern Ave

20. FILED June 8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry)
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
marasmus	
Mal-nutrition	
Rachatic (Rachitis)	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify whether injury occurred in industry, in home, or in public place (town, county, and State)

Manner of injury No

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) John J. Craig M. D. Coroner

(Address) 6/22/40

✓ F 36276

6276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 423

1. PLACE OF DEATH (a) CITY OF BALTIMORE: (No. 1603 Clayton Ct St., 24-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert B. Skelton

(a) Residence: No. 1603 Clayton Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Dec 3 1868	68	6	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Randall E. Skelton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME E. Cook.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James Skelton
(Address) 1032 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 10 1937

19. UNDERTAKER Richard H. Burley
(Address) 1371 Gorsuch Ave

20. FILED 6 8 1937 Huntington Williamsport
17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23 1937 to June 7 1937

I last saw him alive on June 7 1937 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance. Exhaustion	2 days

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. L. Campbell M. D.

6/8/37 (Address) 1644 Hanover St

A4Co. 5-31 2508

F 36277

HEALTH DEPARTMENT—CITY OF BALTIMORE

6277

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Emory St. 22-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Premaline Uhlman

(a) Residence: No. 312 Emory St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Premature

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/7/37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	1 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Harry Uhlman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Ida Wilson

16. BIRTHPLACE (city or town) (State or country) Galax Virginia

17. INFORMANT Ida Uhlman

(Address) 312 Emory

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 8 - 1937

19. UNDERTAKER Per W. A. Leore

(Address) Huntington Williams Co

20. FILED 1937 Registrar.

3263 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/7, 1937 to 6/7, 1937

I last saw h.. alive on 6/7, 1937 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Premature birth 6 mo. — Date of onset

Other contributory causes of importance: none —

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Druckman, M. D.

(Address) 122 W Lee

F 36278

6278 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23040--EF 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rachel Marion

(a) Residence: No. 1034 E. Monument St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Marion

DATE OF BIRTH (month, day, year) 8-3-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elizabeth City, N.C

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Anna Minton

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 6-9- 1937

19. UNDERTAKER Bryant Manuel W. Wright

(Address) 1218 McElderry St

20. FILED JUN 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-26 1937 to 6-5- 1937

I last saw her alive on 6-5- 1937 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5-25-37

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36279

CERTIFICATE OF DEATH

213P

F 36279

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Found floating off Key Highway St. 16-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edgar Fairfax Ross.

(a) Residence: No. 1303 Bloomingdale Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If ~~married~~, widowed ~~or husband of~~ Elizabeth Ross.

6. DATE OF BIRTH (month, day, year) December 29, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage manager.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oriole, Md

FATHER

13. NAME William Ross.

14. BIRTHPLACE (city or town) (State or country) Oriole, Md.

MOTHER

15. MAIDEN NAME Christine Smith.

16. BIRTHPLACE (city or town) (State or country) Oriole, Md.

17. INFORMANT Catherine Leonard. (daughter)
(Address) 517 Kensington Rd. West Gate.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem Date June 8. 1937

19. UNDERTAKER Geo. H. Fittle
(Address) 720 S. Broadway

20. FILED 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937 Found June 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning June. 1. 1937
Fall from the Steamer Dixie

Body found floating June. 6. 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June. 1/37 19

Where did injury occur? Opposite Pier 3 Locust Point
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell from Steamer Dixie

Nature of injury Accidental Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert W. Reinhardt X Coroner, M. D.

6/8/37 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36280

CERTIFICATE OF DEATH

107a F 36280

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1934 Eastern Ave. St. 2-1 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Alfred A. Gawronski

(a) Residence: No. 1934 Eastern Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 28 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Alfred T. Gawronski

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary V Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Alfred T. Gawronski
(Address) 1934 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 9 1937

19. UNDERTAKER Fred W Brazowski
(Address) 1930 Eastern Ave

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) June 7 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 7 1937

I last saw h[illegible] alive on June 7 1937. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo-colitis	May 20
Other contributory causes of importance: Broncho-pneumonia	1 day

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? P.S.-S Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John V. Segebrecht M. D.
(Address) 1802 Eastern Ave.

36281 . HEALTH DEPARTMENT—CITY OF BALTIMORE F 36281

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Lafayette Ave St., 11-2 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Sidney Isabel Heckart

If U. S. Veteran specify WAR .....

(a) Residence: No. 132 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 5 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Md

MOTHER FATHER

13. NAME Joseph J Heckart

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Angeline Gelonneau

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Walter S. Brookes

(Address) 4109 Walnut St Phila Pa.

18. BURIAL, CREMATION, OR REMOVAL Bolora Rd

Place West Nottingham Co. Date June 9 1937

19. UNDERTAKER Henry W. Rykens Son Co

(Address) McCulloh & Orchard Sts

20. FILED Huntington Williams, M.D. 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1928 to June 6, 1937

Last saw her alive on June 5 1937. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-sclerosis	2 Years
Bronchopneumonia	
Senile Debility, acute	
Other contributory causes of importance:	
Influenza Edema	2-4 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Woody, M. D.

(Address) 140 E Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36282 (1) 45-B 13-2 F 36282 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Mt. Royal Terr. St. 13-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Thomas Rice

(a) Residence: No. 2002 Mt. Royal Terr. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Keller Rice

6. DATE OF BIRTH (month, day, year) Jan. 9, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 907 V

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Seamenworth Kansas

MOTHER FATHER

13. NAME John T. Rice

14. BIRTHPLACE (city or town) (State or country) Bath England

15. MAIDEN NAME Elisa Needham

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Bessie S. Bissing
(Address) 2002 Mt. Royal Terr.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date June 9, 37

19. UNDERTAKER Charles G. Black
(Address) 742 W. North Ave. Huntington Williams, MD

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1936 to June 7, 1937

I last saw him alive on June 7, 1937. Death is said to have occurred on the date stated above, at 1205 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma tongue with metastases esp to chin, neck and neck structures	March 1936
Other contributory causes of importance:	

Was an operation performed? hemisection of tongue Date of April 1936

For what disease or injury? carcinoma of the tongue

Name of operation clinical, lab, & pathological Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Frank R. Smith, Jr. M. D.
(Address) 1014 St Paul Street

36283 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36283

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Edmondson Ave. St. 20-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura A. Kritwise

(a) Residence: No. 2407 Edmondson Ave. St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodore Kritwise

6. DATE OF BIRTH (month, day, year) Oct. 25, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Cain

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Mary Winkhamer

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs. Myrtle Kinolt

(Address) 2407 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 9, 1937

19. UNDERTAKER Harry A. Mueller

(Address) 2101 Edmondson Ave.

20. FILED June 9 1937 Huntington Williams, R

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936 to June 5, 1937

I last saw h or alive on June 5, 1937. Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Cardio-Vascular-Renal Disease	?
Diabetes Mellitus	?
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lloyd E. Taylor M. D.

(Address) 1395 York Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

36284 CERTIFICATE OF DEATH 24018--EF F 36284

Registered No. 34 8.102

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 19-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Jones

(a) Residence: No. 26 N. Gilmore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-27-1894

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	43	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisana

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Mollie Hatton

16. BIRTHPLACE (city or town) (State or country) La.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date June 9, 1937

19. UNDERTAKER Joseph A. Rocky

(Address) 1019 N. Mount St

20. FILED Clifton Nathans, M.D.

8 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1937, to 6-6, 1937

I last saw h. l. M. alive on 6-6, 1937 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 wks
Other contributory causes of importance:	Prev

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hosp

E 36285

36285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 27-16 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl Leight 3424 Virginia Ave

(a) Residence: No. University Hospital St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Merle Leight

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Lillian Worthacre

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUN 8 - 1937

Undertaker M. Lucas

19. UNDERTAKER

(Address) Per H. A. Moore

FILED JUN 8 1937 Huntington Williams M.D. Registrar.

3264 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-4-37, 19..., to 6-4-37, 19...

I last saw h.e alive on 6-4-37, 19... Death is said to have occurred on the date stated above, at 6 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W Kennedy Walker M. D.

(Address)

6286 F 36286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hosp. Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ...) St., 12-32 Ward ...

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Vernon Brandau If U. S. Veteran specify WAR No Record

(a) Residence: No. 3103 N. Charles St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. If married, widowed, or divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
or WIFE of Louise Brandau

6. DATE OF BIRTH (month, day, year) 5-22-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt Park Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Jno P. Brandau

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Catherine F Steer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John P. Brandau

(Address) 3103 N. Charles

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 9th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 9 1937 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-37 7:48 am, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6-7 1937
Where did injury occur? Old Court Road Balto Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Auto Skidded & turned over
Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Hulet Gurley Otto M. D.
Coroner
(Address) 907 N Charles

36287 E 36287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Hewitt

(a) Residence: No. Mercy Hospital St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) June 23- 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	9 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 100%

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year) 4/10/37

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

13. NAME Tresa

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. MAIDEN NAME George Hewett

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mercy Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place 6/9/37 Int. Christ Ceme

19. UNDERTAKER J. A. Moran
(Address) 3000 E. Baltimore

FILED ... 19... Registrar.

1931 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 4 - 10 , 1937 to 6 - 6 , 1937

I last saw her alive on 6 - 6 1937 Death is said to have occurred on the date stated above, at 3 1/2 p. m.

The principal cause of death and related causes of importance were as follows:

Peptic Ulcer.
Fecal Fistula.

Date of onset
?
?

Other contributory causes of importance:

Cachexia

Was an operation performed? Yes Date of 5/22/37 & 6/1/37

For what disease or injury? For Ulcer & For Fistula

Name of operation Post. Gastroenterostomy & Repair Fecal Fistula

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Marion H. Gillis M. D.

(Address) Mercy Hospital.

F 36288

36288 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

24178-CM/33

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William E. Glascoe

(a) Residence: No. 554 Baker St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1-9-1[illegible] 1899

8. AGE Years	Months	Days	LESS than 1 day, hrs. or min.
38	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William, Sr.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martina Gillum

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 6/10 19 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1363 Greenmount Ave

20. FILED 19

Nail

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 5 . 1937 to 6 - 7 . 1937

I last saw h[illegible] alive on 6 - 7 . 1937 Death is said to have occurred on the date stated above, at 7:15 a. m.

The principal cause of death and related causes of importance were as follows:

Bilateral polycystic kidneys with uremia

Date of onset 3 1

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. L. Brantigan M. D.

(Address) Baltimore City Hosp

F 36289

36289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 94-13

27-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Stewart.

If U. S. Veteran specify WAR

(a) Residence: No. 3302 Batavia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 21, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James F. Stewart.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Louisa Melchior.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT J. Marshall Stewart. (son)
(Address) 3733 Manchester Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date June 9, 1937

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1420 Eutaw Place City

20. FILED 19 Registrar
1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis.	
Coronary occlusion.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Steinhardt M. D.

6/8/37 (Address) 1017 S. Charles St.

F 36290 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 82 F 36290

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolto City Hospital 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Winston (Winslow) Garrett

If U. S. Veteran specify WAR .....

(a) Residence: No. 1128 Penn. Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colrd	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of x

6. DATE OF BIRTH (month, day, year) OCT 1 1896

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
40	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lobner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm F

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clara Matthews

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Jennie Whittington

(Address) 817 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6-9 1937

19. UNDERTAKER George T. A. Gibson

(Address) 1735 Edmondson Ave

Huntington Williams, Jr. Registrar

FILED JUN 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained, by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1010 S. Belnont Ave

F 36291

F 36291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2450 Keyworth St., 15-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry C. Arnold.

If U. S. Veteran specify WAR .....

(a) Residence: No. 2450 Keyworth St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Arnold

6. DATE OF BIRTH (month, day, year) Sept. 19, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Arnold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) German

17. INFORMANT Mrs. Cora E. Whittle

(Address) 2450 Keyworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date June 10, 1937

19. UNDERTAKER Charles H. Dill.

(Address) 3107 Frederick Ave.

20. FILED June 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Myocarditis	

Other contributory causes of importance: Cerebral Edema

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury No

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robert A. Evans, M. D. Coroner

(Address) 612 N. Paca

9 1937

F 36292

292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 S Luzerne ave 3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kostanty Szamborski

If U. S. Veteran specify WAR

(a) Residence: No. 730 S Luzerne Ave St., Ward.

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary Andrejak

(Address) 730 S Luzerne Ave

18. BURIAL, CREMATION OR REMOVAL

Place St. Stanislaus Date June 11 19 37

19. UNDERTAKER Leyda

(Address) 258 Hudson St

20. FILED 19

No 1537

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to June 7, 1937

I last saw h alive on June 7, 19 3. Death is said to have occurred on the date stated above, at 1 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	unk
Other contributory causes of importance:	
Chronic interstitial nephritis	unk

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) Frank E. Ingold M. D.

(Address) 1429 Eutaw Pl

Spec.—9-36—A. & Co.—250 Bks.

F 36293

36293 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. V 94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 McCulloh St. 11-4 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Maude Drumond

(a) RESIDENCE NO. 1302 McCulloh St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed or divorced HUSBAND (or) WIFE of: Clarence Drumond

6 DATE OF BIRTH (month, day, and year): Oct 1900

7 AGE: Years 37; Months 8; Days ?; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Dresser

(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Greenville S C

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): Clarence Drumond 1302 McCulloh

16 Filed JUN 9 1937

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 8 37

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to June 8, 1937

That I last saw h alive on June 7, 1937

and that death occurred, on the date stated above, at 3.30A m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Dr. McRae M. D.

19 (Address) 1126 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem

DATE OF BURIAL: May 10 1937

UNDERTAKER: Brand & Hemsley

ADDRESS: Druid Hill

F 36294

36294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Charles Augustus Kaffka

(a) Residence: No. 1119 S. Curley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Newborn

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1937.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Kaffka.

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Pauline Ross

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JUN 9 - 1937

Commissioner of Health

19. UNDERTAKER Per E. A. Boone

(Address)

20. FILED 19 Per Williams, D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1937 to June 8 1937

I last saw him alive on June 8 1937 Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	6/6/37
Bronchopneumonia.	6/7/37

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? B.C. + X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore E. Mandy, M. D.

(Address) Sinai Hosp.

JUN 9 1937 3265

Rose I. Mopsikov

36295 HEALTH DEPARTMENT—CITY OF BALTIMORE 36295

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Levindale — Registered No. .....

CITY OF BALTIMORE: (No. Hebrew Home for the Aged St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Leah Mopsicov or Mopsikov — If U. S. Veteran (Specify WAR) .....

(a) Residence: No. Belvedere Square St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gutman

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Seymour Kimball (Gutman)
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 6-9-37, 19

19. UNDERTAKER Jos. L. Levin Inc
(Address) 1431 E. Baltimore St.

20. FILED ..... 19 ..... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935, to June 7, 1937

I last saw h.. alive on June 7, 1937. Death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia	
Hypertension	
Arteriosclerosis	
Other contributory causes of importance:	
Bilateral cataracts	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Edmund Levin, M. D.

(Address) Levindale

F 36296

36296 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X ✓ H6-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie (Mrs.) Strasbaugh

If U. S. Veteran specify WAR .....

(a) Residence: No. Sparrows Point Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Charles C. Strasbaugh

6. DATE OF BIRTH (month, day, year) Aug. 14-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John Dillon

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Laingl

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Chas C. Strasbaugh

(Address) North St. Ad + Pulaski Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date June 11 1937

19. UNDERTAKER Philip Herwig Son

(Address) 2016 Eastern Ave

JUN 9 1937 Registrar, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to June 8, 1937

I last saw her alive on June 8, 1937 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cecum	3 mo?
Partial intestinal Obstruction 2° to	
Other contributory causes of importance:	
Post Operative Peritonitis	10 days
Terminal Pneumonia	5 days

Was an operation performed? yes Date of 5-21-37

For what disease or injury? Carcinoma Cecum

Name of operation Resection of Cecum

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — , 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank R. Stephenson M. D.

(Address) St Josephs Hospital

F 36297

36297 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St. 6-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Wagner

(a) Residence: No. 2217 N. Chapel st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Geo. Wagner

6. DATE OF BIRTH (month, day, year) Sept 28-1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ger.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Emelia Hassebarth

(Address) 511 N. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Cem. Date June 10 1937

19. UNDERTAKER Philip Herwig Sons

(Address) 2000 Orleans St

FILED 19 Registrar

JUN 5 1937 Lucy Fenton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/5/37

For what disease or injury? Fractured Skull

Name of operation Decompression Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/5/1937

Where did injury occur? Fayette & Washington St. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by a street car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schamberger M. D. Coroner

(Address) 1918 E. North Ave.

6238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36298

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. Chester St. 7-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Zink

If U. S. Veteran specify WAR

(a) Residence: No. 618 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Philip F. Zink

6. DATE OF BIRTH (month, day, year) May 21-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John Fredrick Rothamel

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Annie C. Zimmerman

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Wm Zink

(Address) 618 N. Chester st

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Drug Hill Pk Date June 11 37

19. UNDERTAKER Philip Herring Sons

(Address) 1016 Orleans st

20. FILED 19

Registrar.

Lexington Pittsburgh, Pa

JN 3 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1937 to June 7, 1937

I last saw h alive on June 7, 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	8 yrs.
Other contributory causes of importance: Chronic Nephritis	not known

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Grant J. Ayd M. D.

(Address) 2005 E. Monument St.

36299

HEALTH DEPARTMENT—CITY OF BALTIMORE

36299

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Center Place 26-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Conrad Bennett

If U. S. Veteran specify WAR .....

(a) Residence: No. 3709 Center Place St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) Nov 2 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) 5-11

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Unkenn

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Margaret (Unkenn)

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. Carrie Sellion (wife) place

(Address) 3506 E. Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 6/9/37 19

19. UNDERTAKER Philip Herring Sons

(Address) 2016 Eastern Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma enter-colon	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. F. M. Wright Coroner M. D.

(Address) 1010 S. Edmondson Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

#22346

36300

CERTIFICATE OF DEATH

34-131 F 36300

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. (Ward) 7 8 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur Trew

(a) Residence: No. 891 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Sophie V. Trew

6. DATE OF BIRTH (month, day, year) 8/23/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Packer

10. Date deceased last worked at this occupation (month and year) January 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) Leavenworth (State or country) Kansas

FATHER

13. NAME Thomas Trew

14. BIRTHPLACE (city or town) ? (State or country) United States

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ? (State or country) Unknown

17. INFORMANT Mrs. Sophie Trew Hospital Records
(Address) 891 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 11, 37

19. UNDERTAKER Mr. Joseph Cook
(Address) 1003 W. Baltimore Street

ED JUN 9 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1937 to 6-8, 1937

I last saw h. alive on 6-8, 1937 Death is said to have occurred on the date stated above, at 2 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with uremia	3 mos.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

36301 E 36301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N Luzerne St., 7-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob L Muller

If U. S. Veteran specify WAR .....

(a) Residence: No. 609 N Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Muller

6. DATE OF BIRTH (month, day, year) Dec 27. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Drug Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Frederick Muller

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Katharine Bauer

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Wilhelmina Muller

(Address) 609 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cem Date June 9. 1937

19. UNDERTAKER John Ellerbe

(Address) 2225 Eutaw St

20. FILED ..... 19..... Registrar.

JUN 9 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7 1936 to June 7 1937

I last saw h[illegible] alive on June 7 1937 Death is said to have occurred on the date stated above, at 5-40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor ? (Lower)	
Cerebral thrombosis ?	
Hemiplegia.	
Other contributory causes of importance: Acute heart failure.	

Was an operation performed? Yes Date of August 1936

For what disease or injury?

Name of operation Trephine - Ventriculography No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm J Thatt M. D.

(Address) 701 N. Fulwood Ave.

36302 ✓F 36302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Paca St., 4-1 Ward)

Length of residence in city or town where death occurred 40 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Frank E. Underwood

If U.S. Veteran specify WAR no.

(a) Residence: No. 321 N. Paca St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carlilse M. Underwood

DATE OF BIRTH (month, day, year) May 17, 1867

AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	70	0	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spiritualist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 7/37

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

13. NAME John Underwood

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Sarah Barton

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Carlilse M. Underwood
(Address) 321 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 10. 37.

19. UNDERTAKER Mr. Mrs. John H. Geufel & Son
(Address) 501 W. Lafayette St.

Funeral Director

JUN 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2 . 1937 to June 7 . 1937
I last saw h.. alive on June 7 . 1937 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Other contributory causes of importance: Acute Cardiac Decompensation	June 5, 37

Was an operation performed? No Date of ....

For what disease or injury? ....

What test confirmed diagnosis? .... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Harry Glassman M. D.
(Address) 753 N. Fayette St

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36303

CERTIFICATE OF DEATH

82-d

E 36303

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital (St.) (Ward) 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Davis (or Davidson) If U. S. Veteran specify WAR World

(a) Residence: No. 2005 Ethin St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zolena Davis

6. DATE OF BIRTH (month, day, year) Oct 26 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hughes N.C

MOTHER FATHER

13. NAME Hagar Davis

14. BIRTHPLACE (city or town) (State or country) N.C

15. MAIDEN NAME Margret

16. BIRTHPLACE (city or town) (State or country) N.C

17. INFORMANT Provident Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery Date 6/9 1937

19. UNDERTAKER Walter Bellamy & Co

(Address) 1810 W Hamburg St

20. FILED JUN 9 1937 Lexington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1937 to 6-6, 1937

I last saw he alive on 6-6, 1937 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-15-37

Other contributory causes of importance:

None

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James D. Cox M. D.

(Address) 515 Mosher St

HEALTH DEPARTMENT—CITY OF BALTIMORE

#23059 SF

F 36304

304

CERTIFICATE OF DEATH

51-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 26-10 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Abraham Bossom

(a) Residence: No. 604 N. Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 8/13/1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER FATHER

13. NAME Abraham Bossom

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Cem. Balto. Date 6/10/37

19. UNDERTAKER George J. Pentz & Son
(Address) 1725 Harford Ave

20. FILED JUN 9 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1937, to 6-8, 1937.
I last saw h[illegible] alive on 6-8, 1937. Death is said to have occurred on the date stated above, at 5:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate with metastasis	1 yr
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Hist. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. L. Brantigan M. D.

(Address) Baltimore City Hosp.

36305

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36305

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 248 S. Eden St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Gertrude Rosenblatt

If U. S. Veteran specify WAR

(a) Residence: No. 248 S. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Wolf

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Regina Rosenblatt

(Address) 248 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Carmel Date 6-10-37

19. UNDERTAKER Jos. F. Young Inc.

(Address) 1443 E. Baltimore St.

20. FILED Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to June 1 1937.

I last saw her alive on June 6 1937. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6/8/37

Other contributory causes of importance:

acute cardiac dilatation

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) D. L. Feldman, M. D.

(Address) 1443 E. Baltimore St.

F 36306

F 36306 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Name for Incurables

CITY OF BALTIMORE: (No. 40th & Lexington St. 13-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace Ella Burnett

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 12, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Elijah Burnett

14. BIRTHPLACE (city or town) (State or country) Marlon O.X

15. MAIDEN NAME Ella A. Wetzell

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Hospital Records

(Address) 40th & Lexington Road

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa Date June 11 37

19. UNDERTAKER Wm J. Tuckerman Son

(Address) North St Pa

FILED JUN 9 1937 Lexington Pattison, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1934 to June 6th, 1937

I last saw her alive on June 6th, 1937. Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/24/37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation None Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm J. Mayo M. D.

(Address) Medical Arts Bldg

M. D. B 1268-9

F 36307

6307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 523 (St.) Scott (Ward) 21-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in (city) or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ida Ripper

(a) Residence: No. 827 (St.) Woodward (Ward) .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: George C. Ripper

6. DATE OF BIRTH (month, day, year): June 1863

7. AGE: Years 74 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Nicholas Arenz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Kaucken Kinner

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs. Emma L. Ripper 827 Woodward St.

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: June 10 1937

19. UNDERTAKER (Address): [illegible] Lexington Funeral Home Lexington Pulaski Co. Kentucky

20. FILED ... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. C. Allen M. D.

Coroner

(Address) 2757 N. Howard St.

36308 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36308

CERTIFICATE OF DEATH

8-5 #7a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... de.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth West

(a) Residence: No. 1801 N. Durham St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond

6. DATE OF BIRTH (month, day, year) 11/21/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Archibald McDonald

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Catherine Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date 6/10/37

19. UNDERTAKER E. J. Fanning & Son

(Address) 1935 E. Lafayette Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 - 17 . 1937 to 6 - 7 . 1937

I last saw h[illegible] alive on 6 - 7 . 1937 Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx with metastasis	2 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. L. Brantigan, M. D.

(Address) Baltimore City Hosp.

36309

HEALTH DEPARTMENT—CITY OF BALTIMORE

36309

CERTIFICATE OF DEATH

79a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 24 Ward 23

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Gremmler

If U. S. Veteran, specify WAR

(a) Residence: No. 1417 Bunsvalt Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dorothy Gremmler

6. DATE OF BIRTH (month, day, year): 3-25-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER FATHER

13. NAME: Carl Gremmler

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dorothy Meyers

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: June 11, 1937

19. UNDERTAKER: John F. Denny

(Address): 715 Light Street

20. FILED: 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1937, to 6-8, 1937

I last saw him alive on 6-8, 1937. Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (non luetic)	2 mos
Other contributory causes of importance:	
December	

Was an operation performed? Yes Date of 5-21-37

For what disease or injury? Intracranial Hematoma

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jean F. Kanner M. D.

(Address) Baltimore City Hospitals

36310 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36310

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH South Baltimore General Hospital

CITY OF BALTIMORE: (No. 23-1 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Mr. Frederick August Frank

(a) Residence: No. 220 Hanover Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Caroline M Frank

7. DATE OF BIRTH (month, day, year) March 27 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer at C F Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat packer. 46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Caroline M Frank
(Address) 220 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 10 1937

19. UNDERTAKER John G Denny
(Address) 715 Light St

20. FILED June 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to June 7, 1937

I last saw him alive on June 7, 1937. Death is said to have occurred on the date stated above, at 12:42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, uremia & cerebral	Unknown
Cerebral anemia and Edema	Unknown

Other contributory causes of importance:

Myocarditis	Unknown
Arteriosclerosis & hypertension Heart disease	Unknown

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury — —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Nathan Wolf M. D.

(Address) South Balto Gen Hospital

F. D. P. 1268-9

311

✓ F 36311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 N. Vincent St., 19-2 Ward)

Length of residence in city or town where death occurred 20 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Long (Boy)

(a) Residence: No. 1 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 8:10 A. M. June 8, 1937

AGE	Years	Months	Days	If LESS than 1 day, 20 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Napoleon Bone

14. BIRTHPLACE (city or town) (State or country) Collendale Florida

15. MAIDEN NAME Reba Shirley

16. BIRTHPLACE (city or town) (State or country) Oaenton Maryland

17. INFORMANT Reby Long

(Address) 1 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUN 9 - 1937 19

19. UNDERTAKER Coroner of Balto

(Address) Per W. A. Moore

FILED 1937 Arrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937 to June 9, 1937

I last saw him alive on June 9, 1937 Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Goodman M. D.

(Address) County Hospital, City

F 36312

36312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St. 24-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George L. Gross
If U. S. Veteran specify WAR

(a) Residence: No. 1010 Riviera Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Margaret Gross.

6. DATE OF BIRTH (month, day, year) Sept 5, 1878.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W P A
10. Date deceased last worked at this occupation (month and year) 5/8/37
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) West Virginia.

MOTHER FATHER

13. NAME Frederick Gross.
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME Rebecca Stutes
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Wm. F. Gross
(Address) 1010 Riviera Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date June 11 1937

19. UNDERTAKER Margaret A. Flynn
(Address) 1420 Light St.

20. FILED 1937 Huntington W. Va. June 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6 1937, to June 8 1937.
I last saw h... alive on June 8 1937. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month or year)
Carcinoma of esophagus	
Other contributory causes of importance: Pneumonia	June 8

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ...
What test confirmed diagnosis? Biopsy Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Grant Lund M. D.
(Address) Mercy Hospital

F 36313

6313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wel-Sin Hosp St., 15-10 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Grace A. Bassford

(a) Residence: No. 4404 White Oak Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. A. Bassford

6. DATE OF BIRTH (month, day, year): Dec 4, 1872

7. AGE: Years 64 | Months 6 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Ruben Farwood

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Sydney Scott

16. BIRTHPLACE (city or town) (State or country): Ga

17. INFORMANT: Geo. A. Bassford

(Address): 4404 White Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: 6/10/37

19. UNDERTAKER: Harry A. Nuttle

(Address): 4101 E. Monument Ave

19. I.D. ..... 19 ..... Registrar.

$0 1937 Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-4-37, 19 ... to 6-7-37, 19 ...

I last saw him alive on 6-7-37, 19 ... Death is said to have occurred on the date stated above, at 7:38 a.m.

The principal cause of death and related causes of importance were as follows:

Labor Pneumonia — Date of onset .....

Other contributory causes of importance:

Myocardial Fail

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? W Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Slater M. D.

(Address) Mt. Washington

36314 F 36314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2313 Greenmount Ave (Ward) 9-8

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Mannion

(a) Residence: No. 2313 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 1865

7. AGE: Years 72 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: John F. Mannion

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Margaret Daley

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Margaret Emerick

(Address) 2313 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 10, 1937

19. UNDERTAKER: Mary M. Mayfield

(Address) 471 E Fayette St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1937 to June 7, 1937

I last saw h[illegible] alive on 6/7/37, 19 . Death is said to have occurred on the date stated above, at 6.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	5/22/37
Cerebral Apoplexy	5/22/37

Other contributory causes of importance:

Arteriosclerosis	6 mos.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thomas F. White, M. D.

(Address) 532 E 22nd St

6315 Dr Goodwin 1517 E. North Ave Ver 1653 (Jun

F 86315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 53-E

1. PLACE OF DEATH: Edgewood Sanitorium
CITY OF BALTIMORE: (No. Belloud-Belvedere Apts 2-17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Registered No.
Length of residence in city or town where death occurred 2 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Jemima D. Doub
If U.S. Veteran specify WAR: No Record

(a) Residence: No. Arnold Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married
6. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of: Oscar E. Doub
7. DATE OF BIRTH (month, day, year): Dec 25th 1877
8. AGE: Years 59 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X
12. BIRTHPLACE (city or town) (State or country): Pittsburg Pa
13. NAME: William Johnson
14. BIRTHPLACE (city or town) (State or country): Rochester Pa
15. MAIDEN NAME: Sarah Miller
16. BIRTHPLACE (city or town) (State or country): Rochester Pa
17. INFORMANT: Oscar E. Doub
(Address): 3215 Taylor Ave
18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: June 11th, 1937
19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St
20. FILED: Huntington Nov 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 8th, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4/15/37, 19..., to 6/8/37, 19..., I last saw h... alive on 6/7/37, 19..., Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Spleen -	4/15/37
(General Carcinomatosis abdomen)	1
Other contributory causes of importance:	
Thyrotoxicosis	6/1/37

Was an operation performed? Laparotomy Date of op...
For what disease or injury? Exploratory Laparotomy
Mt Sinai Hosp
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Geo A Leuth, M. D.
(Address)

F 36316

36316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

Registered No. 25-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Hollins Ferry Rd Ward) (If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Meekins If U. S. Veteran specify W. & R.

(a) Residence: No. 2602 Hollins Ferry Road (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colred	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene S. Meekins

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 001

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orchester Co. Md.

MOTHER FATHER

13. NAME Aaron Meekins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Carrie Spicer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Irene S. Meekins (Address) 2602 Hollins Ferry Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Golden Hill Md. Date June 12 37

19. UNDERTAKER James A Sapp (Address) 142 West Hill St

20. FILED JUN 9 1937 Registrar. Livingston Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 29, 1937 to June 9, 1937

I last saw h— alive on June 9, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parenchymatous Nephritis	4/29/37
Other contributory causes of importance: —	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Autopsy examination

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. H. Carroll, M. D.

(Address) 109 W Hill St

36317

F 36317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2754 Wilkins Ave 20-b Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George William Elfrey

(a) Residence: No. 2754 Wilkins Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
M.	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Elfrey

6. DATE OF BIRTH (month, day, year) Dec 26 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Inmr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Philip Elfrey

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Sarah E. King

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Emma Elfrey
(Address) 2754 Wilkins ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/10 1937

19. UNDERTAKER Robert Brooks Olson
(Address) Calhoun & Hollins sts

22. [illegible] Lexington Filters, N.Y.

JUN 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-1937

22. I HEREBY CERTIFY, That I attended deceased from June 4 1937 to June 8 1937

I last saw h[illegible] alive on June 8 1937 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	1 yr
	yrs
Other contributory causes of importance:	
Cerebral hemorrhage	4 days
	yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County F 36318 — Registration Dist. No. F 36318

Village or City Baltimore

No. 2525 McCulloh St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cassie Adams

(a) Residence: No. 2525 McCulloh St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Adams

6. DATE OF BIRTH (month, day, and year) APRIL 26 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME WILLIAM BUTLER

14. BIRTHPLACE (city or town) CAMBRIDGE (State or country) MARYLAND

MOTHER

15. MAIDEN NAME ELIZA

16. BIRTHPLACE (city or town) CAMBRIDGE, (State or country) MARYLAND

17. INFORMANT ZELMA (STEPDAUGHTER) (Address) 2525 McCULLOH ST.

18. BURIAL, CREMATION, OR REMOVAL

Place W. A. [illegible] Date JUNE 10, 1937

19. UNDERTAKER BRITT JAMES WRIGHT (Address) 1218 N. EDEN ST.

20. FUNERAL DIRECTOR Huntington Williams Registrar

JUN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 7 (Month) (Day), 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937, to June 7, 1937

I last saw her alive on June 6, 1937; death is said to have occurred on the date stated above, at 2:30 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cardio-Renal Hypertensive Disease	?

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Seymour Hann M. D.

(Address) 2011 Eutaw St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

36319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36319

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 911 W 37th St. St. 13-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Peddicord

(a) Residence: No. 911 W 37th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: WIFE of George W. Peddicord

6. DATE OF BIRTH (month, day, year) Dec 25 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME George Johnson.

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Cora Shipley.

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT George W. Peddicord

(Address) 911 W 37th St

18. BURIAL, CREMATION, OR REMOVAL Mayo Hampden Date June 11, 1937

19. UNDERTAKER Chenow & Boston

(Address) 3615 17 & Kesington

20. FILED Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937 to June 8, 1937

I last saw her alive on June 8, 1937 Death is said to have occurred on the date stated above, at 3 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral metastasis from abdominal carcinoma	10 M
Other contributory causes of importance: Carcinoma, abdomen	6 Mon

Name of operation Laparotomy Date of ? 1936

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. N. McNair Jr. M. D.

(Address) 1800 N. Charles St.

36320 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36320

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Club St. 11-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Howell H. Thomas

(a) Residence: No. University Club, Charles Sts., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie B. Ray

6. DATE OF BIRTH (month, day, year) Dec. 13, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired atty.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John B. Thomas

14. BIRTHPLACE (city or town) (State or country) Fred. Md.

MOTHER

15. MAIDEN NAME Effie Harris

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs. Lydia B. Thomas 3933 Canterbury Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. 6/10/37

19. UNDERTAKER John M. Mitchell & Sons (Address) 1900 Eutaw Place, City

10 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1936 to June 8, 1937

I last saw him alive on June 2, 1937. Death is said to have occurred on the date stated above, at 9:55 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset June 8 '37

Other contributory causes (if importance):

Chronic Alcoholism

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norman B. Cole M. D.

(Address) 622-625 Medical Arts Bldg

F 36321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Green

(a) Residence: No. 1805 Little Welsh Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-4-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) Ellicott City, Maryland

MOTHER

15. MAIDEN NAME Priscilla Goldsborough

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6-11-37

19. UNDERTAKER George E. Nelson
(Address) 1333 Pennsylvania Ave

20. FILED [illegible] 19[illegible] Eugene Williams, M.D.

JUN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-3-1937 to 6-8-1937

I last saw h[illegible] alive on 6-8-1937 Death is said to have occurred on the date stated above, at 11:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	1 mth
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

36322

F 36322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1610 Rigg Ave St. 16-3 (Ward)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Frazier

(a) Residence: No. 1610 Riggs Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-1-1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ore burners

10. Date deceased last worked at this occupation (month and year) 2 months ago

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Edward Frazier

14. BIRTHPLACE (city or town) (State or country) Prince George's Co. Md

15. MAIDEN NAME Kate Jennifer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Annie Jenkins

(Address) 1610 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 6/12 19 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1937 to 6-9 1937

I last saw him alive on 6-5 1937 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis dnt Meningitis (about month) 1937

Date of onset

Other contributory causes of importance:

unknown

Was an operation performed? yes Date of unknown

For what disease or injury? Fistula in ano

Name of operation unknown Date of unknown

What test confirmed diagnosis? Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Saunders M. D.

(Address) 1029 N. Stricker St.

NOV 1937 Mt. Eyster Williams, Md

36323 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36323

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eddie Savoy

(a) Residence: No. 825 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 7 - 1917

7. AGE Years 20 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Geo Md

FATHER 13. NAME Henry Savoy

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER 15. MAIDEN NAME Matilda Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs Matilda Savoy 825 N Mount St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date 6/11/37

19. UNDERTAKER (Address) Thomas E. Kelson 1313 Pennsylvania Ave

20. FILED 19 Registrar.

6/13 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Heart	June 5 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury June 5, 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Alley Carlton & Fountain Sts

Manner of injury Gun shot wound of

Nature of injury Chest over heart Here

24. Was disease or injury in any way related to occupation of deceased? no, specify

(Signed) George L. Allen M. D.

(Address) 5 E Lexington St Baltimore Md

36324

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36324

CERTIFICATE OF DEATH

Registered No. 82-a

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1106 S. Bouldin St. 26-11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Kennedy
If U. S. Veteran specify WAR .....

(a) Residence: No. 1106 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

If married, widowed, or divorced
6. HUSBAND of (or) WIFE of: Michael
DATE OF BIRTH (month, day, year): July 4 1861

7. AGE: Years 75 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: assist in housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER
13. NAME: Patrick Kelly
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Eleanora Kennedy
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John Kennedy (Son)
(Address) 1106 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Calvary Date: June 11 37

19. UNDERTAKER: Talbot & Williams
(Address) 1405 E. Baltimore St

20. FILED ..... 19 ..... Harrington Williams

JUN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1105 S. Edmondson Ave

F 36325

36325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 36-06207-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTO. CITY HOSP. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME JOSEPH KUDELA

(a) Residence: No. 6605 PINE AVE. DUNDALK St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE X

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) MARCH. 16/1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) AUSTRIA

FATHER

13. NAME JOHN KUDELA

14. BIRTHPLACE (city or town) (State or country) AUSTRIA

MOTHER

15. MAIDEN NAME ANNA MILLER

16. BIRTHPLACE (city or town) (State or country) AUSTRIA

17. INFORMANT MRS ERINE SUSKA (niece)

(Address) 330 S. MACON ST.

18. BURIAL, CREMATION, OR REMOVAL

Place MT CARMEL Date JUNE 11 37

19. UNDERTAKER Tilly & Zeiler

(Address) 403 S. BOND ST

20. FILED Thurlington Williams

JUN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical shock ef.	
Fractured Skull - Amputated both legs	

Other contributory causes of importance .....

Was an operation performed? yes Date of 6/7/37

For what disease or injury Crushed legs.

Name of operation Amputation Date of 6/7/37

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury June 7 1937

Where did injury occur Canton R.R. Track near Pratt + Lan (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore

Manner of injury Run over by switch engine Canton R.R.

Nature of injury Fractured skull - Crushed legs

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave

36326 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36326

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2628 ASHLAND Ave St., 6 Ward) 7-2

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME LOUIS REINISCH

(a) Residence: No. 2628 ASHLAND Ave St., 6 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LOUISE REINISCH

6. DATE OF BIRTH (month, day, year) APRIL 22 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Trans Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO MD

MOTHER FATHER

13. NAME LOUIS REINISCH

14. BIRTHPLACE (city or town) (State or country) GERMANY

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT HARRY REINISCH (SON)
(Address) 2628 ASHLAND Ave

18. BURIAL, CREMATION, OR REMOVAL
Place OAK LAWN Cemt Date JUNE 10 1937

19. UNDERTAKER Lilly Zuler & Co
(Address) 403 S. Wolfe St.

20. FILED JUN 10 1937 Registrar Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 7 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31 1937 to June 7 1937

I last saw him alive on June 5 1937 Death is said to have occurred on the date stated above, at 7 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocar dites	
Arterio Sclerosis	
Other contributory causes of importance:	
Chr Nephritis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. W. Kourey M. D.

(Address) 1812 Y — Broadway

HEALTH DEPARTMENT--CITY OF BALTIMORE

36327

CERTIFICATE OF DEATH

X 195-B F 36327

Registered No. .....

1. PLACE OF DEATH: St. Agnes Hospital

CITY OF BALTIMORE: (No.) Fulton & Caton ave St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ... mos. X ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mrs Katie Altvater

If U. S. Veteran specify WAR .....

(a) Residence: No. Laurel Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Altvater,

6. DATE OF BIRTH (month, day, year) September 25.1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	8	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME ? Pfeffer,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT C.L. Pailer,
(Address) 530 Hurley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Meadowridge Date JUN 12 1937

19. UNDERTAKER Geo W Sittle
(Address) 2700 Edmondson Ave.

20. FILED ..... 19... Washington, D.C.

JUN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-7-37, 19... to 6-9-, 1937

I last saw her alive on 6-9, 1937. Death is said to have occurred on the date stated above, at 10 45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Accident Hemorrhage — Date of onset 6-6-37

Other contributory causes of importance:

Hypertensive Cardio-vasc. disease (?)

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W.A. Parr M. D.

(Address) St. Agnes Hospital

M. B. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36328 CERTIFICATE OF DEATH 119 F 36328

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 E. Lanvalle St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Vecchioni

(a) Residence: No. 2001 E. Lavalle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 24 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Vincent Vecchioni

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Zena Matranga

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Vincent Vecchioni (Father)
(Address) 2001 E. Lanvalle

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date June 10 1937

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Morley st.

JUN 10 1937 Livingston Williamsburg, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to June 9, 1937.

I last saw h. alive on June 7, 1937. Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	June 1937

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36329 F 36329

CERTIFICATE OF DEATH

8-7 ✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Mc Donough St. 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathaniel Williams

If U. S. Veteran specify WAR

(a) Residence: No. 1111 Mc Donough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Wilson

6. DATE OF BIRTH (month, day, year) Dec 8-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51 52	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Ga. Va

FATHER

13. NAME George Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Walker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Emma Parker

(Address) 1626 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary June 10 1937

19. UNDERTAKER Robert F. Spence

(Address) 504 N. Carrollton Ave

Registrar

N 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.

(Inquest, Autopsy or Inquiry)

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy 1	June 7 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury? no

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen Attending M. D.

(Address) 507 Augusta St

S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36330 CERTIFICATE OF DEATH ✓ 82-8 F 36330

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 Worsley St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Minnie Anderson

(a) Residence: No. 302 Worsley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christo Anderson

6. DATE OF BIRTH (month, day, year) 12/15-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT John Bond

(Address) 302 Worsley St

18. BURIAL, CREMATION, OR REMOVAL

Place W.F. Calvary Date 6/10 1937

19. UNDERTAKER Raynor Sandra

(Address) 443 E. Preston St

BIRTH 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the 9 day of June and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 8 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 50 [illegible]

V 86

HEALTH DEPARTMENT—CITY OF BALTIMORE

36331

CERTIFICATE OF DEATH

✓ 108

F 36331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1216 Brentwood Ave (St.) 10-1 Ward

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Dignan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1216 Brentwood Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F Dignan

6. DATE OF BIRTH (month, day, year) Dec 5-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	5 6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Donart.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Yeakel

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT James F. Dignan

(Address) 1216 Brentwood

18. BURIAL, CREMATION, OR REMOVAL June 12 37

Place Holy Red.

19. UNDERTAKER Jno. H. Valentine

(Address) 2326 Aiken St

20. FILED ..... 19 .....

(Registrar)

JUN 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7 1937 to June 8 1937

last saw h[illegible] alive on June 8 1937 Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	June 6/37
Coma	
Other contributory causes of importance:	
arteriosclerosis	?
myocardial degeneration	of last 4 yrs

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel Lichtenfeld M. D.

(Address) 708 E. Preston St.

F 36332

36332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 Aisquith St. 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella L. Campbell

(a) Residence: No. 1206 E. Lafayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: WIFE of John J. Campbell

6. DATE OF BIRTH (month, day, year) Jan. 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME John E. Evans

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Susie Bumgardner

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT John L. Campbell

(Address) 1206 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Mem. Cem. Date June 12, 1937

19. UNDERTAKER P. Bowers & Evans

(Address) 1700-22 E. Monument St.

20. FILED June 13 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9- 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 5- 1936 to June 9- 1937

last saw her alive on June 9- 1937. Death is said to have occurred on the date stated above, at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	10/5/36
Other contributory causes of importance: Acute Dilatation of Heart	6/9/37

Was an operation performed? no Date of

For what disease or injury? no

Name of operation none

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

M. D. B. 1268-9

5333 HEALTH DEPARTMENT—CITY OF BALTIMORE 5333

CERTIFICATE OF DEATH 94-B

Registered No. 27-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4602 Liberty Heights Av. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ABOUT 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jonas Kerr

If U. S. Veteran specify WAR NONE

(a) Residence: No. 4602 Liberty Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Kerr

6. DATE OF BIRTH (month, day, year) Jan. 17, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician & Pharmacist. & Rep. of the

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johnson Choc. Prod. Milwaukee, Wis.

10. Date deceased last worked at this occupation (month and year) June 8, 1937

11. Total time (years) spent in this occupation 5 Yrs.

12. BIRTHPLACE (city or town) (State or country) Del Roy, Ohio.

FATHER

13. NAME Dr. John W. Kerr

14. BIRTHPLACE (city or town) (State or country) Pittsburgh, Penna.

MOTHER

15. MAIDEN NAME Mannie Groves

16. BIRTHPLACE (city or town) (State or country) Del Roy Ohio

17. INFORMANT Mrs. Anna M. Kerr. (Wife)
(Address) 4602 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond, Ohio. Date June 10. 1937

19. UNDERTAKER STEWART & MOWEN COMPANY.
(Address) 108 West North Ave.

20. FILED JUN 10 1937 19 Huntington Williams, M.D. Registrar (SAB)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 6 60 A.M.

	Date of onset
Coronary Thrombosis	1

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hamilton Carnes M. D.
Coroner

(Address) 1215 Harlem

6334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 36334

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lovell Baltimore General Hospital. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward.

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Mary McGinty.

(a) Residence: No. 2712 Jefferson Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary McClann

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Eve Mc Ginty
(Address) 2712 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date June 11, 37

19. UNDERTAKER John S. Moran
(Address) 3600 E. Baltimore St

20. DATE RECEIVED JUN 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1937 to June 7, 1937
I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized.	Unknown
Other contributory causes of importance:	
Arteriosclerotic Heart disease	Unknown
Arteriosclerotic Gangrene - left leg, 2 toes	Unknown

Was an operation performed? Yes Date of June 5, 1937
For what disease or injury? Arteriosclerotic gangrene
Name of operation Amputation of left leg, mid-thigh
What test confirmed diagnosis? Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph L. Stecher M. D.
(Address) 1 South Eutaw Place

36335 F 36335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Aprt. St. 13-1 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME [redacted] Abraham John Strauss, If U. S. Veteran specify WAR

(a) Residence: No. Esplanade Aprt, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Betty S.Strauss

6. DATE OF BIRTH (month, day, year) Dec.20th1860.

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
76	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.V.CO.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Md.

FATHER

13. NAME John Strauss,

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Amelia Hess,

16. BIRTHPLACE (city or town) (State or country) Germany,

17. INFORMANT Mrs.E.Fleishman
(Address) 2214 Rogers Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem. June 11th 37

19. UNDERTAKER David Goodlatte & Son
(Address) 1902 Eastern Ave.

19 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9/1937 19

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937 to June 9, 1937
last saw him alive on June 9, 1937 Death is said to have occurred on the date stated above, at 12½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 5-'37

Other contributory causes of importance:

Hypertension - about 5 yrs	

Was an operation performed? No - Date of No.

For what disease or injury?

Name of operation

What test confirmed diagnosis? No ; Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? No Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No ..... If so, specify.....

(Signed) Joseph W. Ketzley — M. D.
(Address) 1023 N. Calvert St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36336 CERTIFICATE OF DEATH 131 24047 F 36336

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 6 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Lloyd

(a) Residence: No. 137 Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Lloyd

6. DATE OF BIRTH (month, day, year) 8-6-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Zink

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date June 11, 37

19. UNDERTAKER Christian Miller & Son
(Address) 2334 Jefferson St

20. FILED 1937 H. Livingston Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 8 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 1 , 1937 to 6 - 8 , 1937

I last saw her alive on 6 - 8 , 1937 Death is said to have occurred on the date stated above, at 8 04 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 days

Other contributory causes of importance:

Arteriosclerosis Cardio-Vascular with Renal Disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore Co. Towson

F 36337

36337 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 S. Bouldin St., 26-11 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Conrad G. Stratemeyer

If U.S Veteran specify WAR ...

(a) Residence: No. 833 S. Bouldin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Georganna L. Stratemeyer

6. DATE OF BIRTH (month, day, year): Aug. 12-1872

7. AGE — Years: 64 | Months: 9 | Days: 28 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: D.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER FATHER

13. NAME: Rudolph Stratemeyer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Margaret Smidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Georganna L. Stratemeyer 833 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL — Place: Oak Lawn Cem. Date: June 12 1937

19. UNDERTAKER (Address): George W. Zeiler 1737 E. Baltimore St

(Signature) Clayton Williams, M.D.

10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to June 9, 1937

I last saw him alive on June 9, 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum or Sigmoid — Date of onset .....

Other contributory causes of importance: Chronic Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? ✓

No If so, specify .....

(Signed) Joseph Toulson M. D.

(Address) 441 S. Ellwood Ave

23256 28 E 36338

36338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 1-2 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Cornelius Myers

(a) Residence: No. 513 S. Robinson St. St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-19-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	37	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am. Date June 14, 1937

19. UNDERTAKER George W. Sinkler
(Address) 1737 E. Eager St.

20. FILED ..19.. Registrar.
JUN 14 1937 H. Leighton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-3, 1937 to 6-10, 1937

I last saw h. alive on 6-10, 1937 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syringomyelia	life
Broncho-pneumonia	3 days

Other contributory causes of importance:

Was an operation performed? yes Date of 5-25-37
For what disease or injury? amputated Lumpal cord tumor
Name of operation Cervical laminectomy
What test confirmed diagnosis? Autopsy Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..Date of injury ..19..

Where did injury occur? ..
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ..

Manner of injury ..

Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ..

(Signed) C. C. Branigan M. D.
(Address) Baltimore City Hosp.

36339 F 36339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 8-4 St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Arthur Greenwood

(a) Residence: No. 2305 E. Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A.

6. DATE OF BIRTH (month, day, year) June 7, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assist Shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm Baer & Son

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Walter

14. BIRTHPLACE (city or town) (State or country) Fredricksburg Virginia

MOTHER

15. MAIDEN NAME Margaret Lee

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Mary A Greenwood
(Address) 2305 E Federal St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Western cem. Date June 12, 1937

19. UNDERTAKER George W. Dinkler
(Address) 1737 E Eager St

20. [illegible] 1937 Huntington Williams, M.D.
(Registrar)

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	
Other contributory causes of importance: Probably Chronic myocarditis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave

F 36340

F 36340 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

Registered No.

1. PLACE OF DEATH 3076 Kenwood
CITY OF BALTIMORE: (No. 2827 O'Donnell St., 1-1 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dr Julius Heyko.

(a) Residence: No. 2827 O'Donnel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.

FATHER

13. NAME Julius Heyko.
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonia Koryan
16. BIRTHPLACE (city or town) (State or country) Balt

17. INFORMANT (Address) 2827 O'Donnell

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 6/11/37 19

19. UNDERTAKER (Address) Stephen J. Feldmeier Inc. 1600 Kenwood Ave Huntington Woods, Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Accidental Death — From Over Dose Sodium Amytal

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Crawford Coroner, M. D.

(Address) 612 N. Eutaw

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36341

CERTIFICATE OF DEATH

94 B

F 36341

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 N Charles St. 12 Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 4 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Virginia Apfold

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3503 N Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan. 19 1859

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	78	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel Apfold

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Susan C Von Bissen

16. BIRTHPLACE (city or town) (State or country) Winchester Virginia

17. INFORMANT Mr. James Reaney

(Address) 3503 N Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 11 1937

19. UNDERTAKER Stewart & Company

(Address) 108 W Franklin St.

20. FILED JUN 10 1937 Eugene Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from Feby 26 1937 to June 10th 1937

I last saw her alive on June 10th 1937. Death is said to have occurred on the date stated above, at 2.35 P.m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion.	2.26.37
Coronary occlusion	5.9.37
Sudden death on Right Z other	6.10.37

Other contributory causes of importance:

General, senile arterial disease (Partial hemiplegia in past 10 yrs)

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. L. Van Ness M. D.

(Address) 1515 Park Ave.

36342

HEALTH DEPARTMENT—CITY OF BALTIMORE

36342

CERTIFICATE OF DEATH

59

Registered No. 12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Ulmeny Ave. (St.) 45 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Cohen

(a) Residence: No. 2705 Ulmeny Ave Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barnett

6b.

7. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Cohen - Son (Address) 2705 Ulmeny Ave

18. BURIAL, CREMATION, OR REMOVAL Washington Blvd Date 6-10 1937

19. UNDERTAKER Jas. Lenz Inc. (Address) 1439 E. Balto St.

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-37. 19

22. I HEREBY CERTIFY, That I attended deceased from May 28. 1937 to June 8 1937

I last saw h[illegible] alive on June 8th 1937 11 P.M. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	192
Chronic Myocarditis	192
Diabetes Mellitus Contrib.	192
Acute Myocardial Insuf.	6/4/37

Other contributory causes of importance:

Had both legs amputated because of Arteriosclerosis Gangrene

Was an operation performed? April 12 1937 of

For what disease or injury? Arteriosclerosis Gangrene

Name of operation Amputations

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene Harpold M. D.

(Address) 200 W Lafayette Ave

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36343

CERTIFICATE OF DEATH

F 36343

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-1 122-a Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susanna E. Phillips

If U. S. Veteran specify WAR .....

(a) Residence: No. Owings Mills Balto. Co. Md. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew G. Phillips

6. DATE OF BIRTH (month, day, year) Jan 1- 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Peter Cover

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Roby A. Phillips

(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bethesda Date June 14 1937

19. UNDERTAKER J. F. Edwine & Son

(Address) Reisterstown Md.

FILED JUN 10 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry)

to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Ventral Hernia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. R. Craven, M. D.

Coroner

(Address) 3757 Keswick

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36344

CERTIFICATE OF DEATH

94 B

F 36344

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John W Rawlings

If U. S. Veteran specify WAR none

(a) Residence: No. 5015 Park Heights Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Rawlings

6. DATE OF BIRTH (month, day, year) Aug 28/1892

7. AGE	Years	Months	Days	LESS than 1 day, ... hrs. or ... min.
	44	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 6/3/37

11. Total time (years) spent in this occupation 10½

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Rawlings

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hannie Payne

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bertha Rawlings

(Address) 5015 Park Heights Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 6/11/37

19. UNDERTAKER Herman Lemmon

(Address) 7611 Park Heights Av.

JUN 10 1937 Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8/37

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937 to June 8 1937

I last saw h[illegible] alive on June 8 1937 Death is said to have occurred on the date stated above, at 6.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Raymond J. Fagan M. D.

(Address) Mercy Hospital

36345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36345 SP

CERTIFICATE OF DEATH

34-8-81

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Harry McFarland

If U. S. Veteran specify WAR Revolutionary

(a) Residence: No. 120 S. Mount St. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/5/1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	58	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

MOTHER FATHER

13. NAME James

14. BIRTHPLACE (city or town) Md. (State or country)

15. MAIDEN NAME Kate Fowler

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 6 1 37

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED JUN 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-37

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1935 to 6-5-1937

I last saw him alive on 6-5-1937 Death is said to have occurred on the date stated above, at 2:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6-5-37
Other contributory causes of importance: Spastic Paraplegia	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramsey M.D.

(Address) Baltimore City Hospitals

36346

HEALTH DEPARTMENT—CITY OF BALTIMORE

36346

CERTIFICATE OF DEATH

129

Registered No. .....

1. PLACE OF DEATH Sinai Hosp. 13-4

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Marcella Rini

If U. S. Veteran give WAR Red Record

(a) Residence: No. 2601 Reisterstown Rd. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~single~~ widowed, ~~never married~~ ~~HUSBAND of~~ (or) WIFE of Julius Rini

6. DATE OF BIRTH (month, day, year) April 12 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Anthony Marsiglio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Minnie Libretto

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Minnie Libretto (Address) 2601 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date June 12 1937

19. UNDERTAKER W J Cook (Address) 1217 St Paul St

20. Filed JUN 11 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1937 to 6-9 1937

I last saw h~~er~~ alive on 6-9 1937. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia	5-23-37
Pelvic Peritonitis	5-23-37
Hydronephrosis (Rt)	"
	over

Other contributory causes of importance:

Bronchopneumonia	6-8-37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autop. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Emerkin, M. D.

(Address) Sinai Hosp.

36347 7 P.M. ✓ F 36347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4221 Elderon Ave. St. 28-1 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR ... No Record

2. FULL NAME John W. Carroll

(a) Residence: No. 4221 Elderon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche I. Carroll

6. DATE OF BIRTH (month, day, year) July 18, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Detective

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Belvedere Hotel 0061

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

FATHER

13. NAME Ambrose Carroll

14. BIRTHPLACE (city or town) (State or country) Chestertown Md.

MOTHER

15. MAIDEN NAME (Unknown) Raisin

16. BIRTHPLACE (city or town) (State or country) Chestertown Md.

17. INFORMANT Mrs Blanche I. Carroll

(Address) 4221 Elderon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6/16/37 19

19. UNDERTAKER Wilbur Gordon

(Address) 1219 E Fayette

20. FILED 6 9 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from November 5, 1936 to June 9, 1937 19

I last saw h alive on June 6, 1937. Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Hypertension	6 Years
General Arteriosclerosis	6 "
Prostatic Hypertrophy	6 "
Other contributory causes of importance:	
Apoplexy	1 Day

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Emerick M. D.

(Address) 2025 E. North Ave.

36348 F 36348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Madden

If U. S. Veteran specify WAR .....

(a) Residence: No. 1200 Valley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Madden

6. DATE OF BIRTH (month, day, year) Jan. 21- 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME David L. DeCourcy

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ellen Black

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr.

(Address) 1200 - Valley Street, city

18. BURIAL, CREMATION, OR REMOVAL

Where Sharp on Elm Date 6/12 1937

19. UNDERTAKER Ritter Weidefeld

(Address) 914 Fremont Ave

20. FILED JUN 10 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10-, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to June 10, 1937

I last saw her alive on June 9, 1937. Death is said to have occurred on the date stated above, at 3:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

36349 F 36349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

21752 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 19-1 Ward)

Registered No. 2407-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Patterson

If U. S. Veteran specify WAR

(a) Residence: No. 404 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Patterson

6. DATE OF BIRTH (month, day, year) 8-15-1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Thomas Jackson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Bertha ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. V. R. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date June 11 1937

19. UNDERTAKER Adolph Kalbot

(Address) 918 Eden Baltimore

20. FILED 19 Registrar.

JUN 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1937 to 6-7, 1937

I last saw her alive on 6-7, 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pericarditis	
Other contributory causes of importance: Acute Miliary Tuberculosis of Lungs	1 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Kenny M. D.

(Address) Baltimore City Hospitals

6350

33627 9

F 36350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matthew Hancock

If U. S. Veteran specify WAR

(a) Residence: No. Ilchester Rd St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda

6. DATE OF BIRTH (month, day, year) 3/27/74

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Matthew Hancock

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Mary Corkery

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records -

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dentsville, Md Date 6/11/37

19. UNDERTAKER Hunt & Ryan

(Address) Relay, Md

20. FILED JUN 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to June 10, 1937

I last saw him alive on June 10, 1937 Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Bulbar Palsy	1936

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-7-37

For what disease or injury?

Name of operation Gastrostomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A Kunkel M. D.

(Address) The Johns Hopkins Hospital

F 36351

F 36351 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Mulberry St. 19-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs Annie Diffs

(a) Residence: No. 1625 Mulberry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Diffs

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 0070

10. Date deceased last worked at this occupation (month and year) Year ago

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Waterbury md

FATHER

13. NAME Joseph Gray

14. BIRTHPLACE (city or town) (State or country) Millersville md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Waterbury md

17. INFORMANT James Diffs
(Address) Waterbury md

18. BURIAL, CREMATION, OR REMOVAL
Place Waterbury Md Date June 11 1937

19. UNDERTAKER Hyde & Young
(Address) 129 N Howard St

20. FILED Huntington Williams 6-11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1937 to 6-8 1937

I last saw her alive on 6-7 1937 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 6-9-36

Other contributory causes of importance:

Unknown

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none Date of .....

What test confirmed diagnosis? Observation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank H Saunders M. D.

(Address) 1025 Linden Ave

1 1937

M. D. B. 1268-9

F 36352

F 36352 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W Franklin St., 4-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Guy Clifton Streeter If U. S. Veteran specify WAR W. W.

(a) Residence: No. 205 N. Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella E Streeter

6. DATE OF BIRTH (month, day, year) Dec 3 - 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0044

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Ella Streeter

(Address) 205 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Baltimore National Cem Date 6/12 1937

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

20. FILED JUN 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 10 - 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. J. Decker M. D.
Coroner

(Address) 2757 N North Ave

JUN 11 1937

3 29 38 37

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36353

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St. 11-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Gonzales

If U. S. Veteran specify WAR

(a) Residence: No. 1007 Hanover Hill St., Cor. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) 4/8/85

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 yrs	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Perry Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Hammond

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Pk Date 6/12, 1937

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1937 to June 8, 1937

I last saw her alive on June 8, 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1934 (about)
Intestinal obstruction	June 6, 1937

Other contributory causes of importance:

Was an operation performed? yes Date of June 4, 1937

For what disease or injury? Carcinoma of rectum

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Henry S. Kennedy M. D.

(Address) Johns Hopkins Hospital

F 36354 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36354

CERTIFICATE OF DEATH

161a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 2-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... moe. ..... ds.

2. FULL NAME Mary Ann Hendrichs

If U. S. Veteran specify WAR

(a) Residence: No. 705 S. Bond St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Hendricks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Anna Pilachowski

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Frank Hendricks

(Address) 705 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 11 1937

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1937 to 6-10-37, 19.....

I last saw h.. alive on 6-10-37, 19..... Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of newborn	6-5-37
Atelectasis of both lungs	6-5-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alfred S. Schwartz M. D.

(Address) Sinai Hosp

36355 ✓ F 36355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 W 38 St. 13-7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Worrell If U. S Veteran specify WAR

(a) Residence: No. 831 W. 38 St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE) Late Ida May Worrell

6. DATE OF BIRTH (month, day, year) Aug 21—1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME David L. Worrell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia A. Everhardt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pauline Mullinix (Address) 831 W 38 St

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date June (2 37

19. UNDERTAKER A. L. Marshall (Address) 3539 Falls Road

FILED 1937 Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to June 9, 1937

I last saw him alive on June 8, 1937 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/5

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis D. Gullen, M. D.

(Address) 900 W. 37th St.

E 36356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23423-07-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Butler

If U. S. Veteran specify WAR

(a) Residence: No. 2542 McCulloh St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 9-26-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Solomon Bulter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Butler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/11 1937

19. UNDERTAKER S. W. Chase & Son

(Address) 838 N. Gilmore St.

20. FILED JUN 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-8 1937 to 6-9 1937

I last saw him alive on 6-9 1937 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1mo
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kanney M.D.

(Address) Baltimore City Hospitals

F 36357

3357

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-C

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH University Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Philip Sorber

(a) Residence: No. 2028 Jefferson ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Sorber

6. DATE OF BIRTH (month, day, year) May 1890

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber's helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Sorber

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Maier

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Julia Sorber
(Address) 2028 Jefferson

18. BURIAL, CREMATION OR REMOVAL
Place Holy Redeemer Date June 12 1937

19. UNDERTAKER Mrs. J. Kerrigan
(Address) 156 E. J. Lyon

20. FILED June 11 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9/1937

22. I HEREBY CERTIFY, That I attended deceased from 6/2/1937 to 6/9/1937

I last saw h.e alive on June 9 1937 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, Malignant	1933

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/8/37

For what disease or injury? Brain Tumor

Name of operation Cerebellar exploration

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) John M. Magruder M. D.

(Address) University Hosp

F 36358

F 36358 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N Monroe St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W Snader

If U. S. Veteran specify WAR .....

(a) Residence: No. 814 N Monroe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Sarah E Zeh

6. DATE OF BIRTH (month, day, year) July 8 1850

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	87	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Henry Snader

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucretia Brosch

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elsie Gist

(Address) 814 N Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date June 12 1937

19. UNDERTAKER Franklin P Zeh

(Address) 214 W 31 St

20. FILED ..... 19 ..... Registrar

JUN 1 1937 by Mrs. Ethel Williams, R

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29 1937 to June 10 1937

I last saw him alive on June 10 1937. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senil arteriosclerosis.	year
Anemia.	

Other contributory causes of importance:

Cardiac insufficiency

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, when? .....

(Signed) Elston Howard, M. D.

(Address) 806 N Fulton Ave

Dvaskin Dvaskin

36359 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36359

CERTIFICATE OF DEATH

17

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Eutaw St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Freidman Dvoskin

If U. S. Veteran specify WAR .....

(a) Residence: No. 1100 Eutaw St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery 0034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Poltiel Dvoskin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hindd

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Dvoskin

(Address) 1100 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date 6/11/37 19

19. UNDERTAKER Ernest Lange Jr.

(Address) 1439 E. Baltimore St

20. [illegible] Huntington Williams, M.D.

6 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-37 19

22. I HEREBY CERTIFY, That I attended deceased from 1 1929 to 6-10- 1937

I last saw him alive on 6/10 1937 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Epidemic Encephalitis	1927

Other contributory causes of importance:

Chronic Myocarditis
Terminal Broncho Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Hon Hirdon, M. D.

(Address) 1031 St Paul St.

19335 EB

F 36360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36360

CERTIFICATE OF DEATH

34-9-92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Parker

If U. S. Veteran specify WAR

(a) Residence: No. 713 Wilmer Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hayes

6. DATE OF BIRTH (month, day, year) 11-26-~~1878~~ 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~64~~ 57 ~~58~~	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitress do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Watkins (Deceased)

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Hughes (Deceased)

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 6-12-37

19. UNDERTAKER Bryson & Mamie W. Knight
(Address) 1210 Mc Elderry St.

20. FILED JUN 11 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-8-1936 to 6-9-1937

I last saw h[illegible] alive on 6-9-1937 Death is said to have occurred on the date stated above, at 3 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5 days
Other contributory causes of importance: Aortic Insufficiency	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) John L. Eames M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36361 F 36361

CERTIFICATE OF DEATH

Registered No. 9+a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Greenmount Ave. St. 12-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John F. Emrich

(a) Residence: No. 3606 Greenmount Ave. St, ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma M. Emrich

6. DATE OF BIRTH (month, day, year): Nov. 5, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 4004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Conrad Emrich

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT (Address): Mrs. Emma M. Emrich, 3606 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem. Date: June 12, 19 37

19. UNDERTAKER (Address): John F. Henry, 715 Light St.

Registrar. 6/10/37

JUN 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1937 to June 10, 1937

I last saw him alive on June 9, 1937. Death is said to have occurred on the date stated above, at 4.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris and Arteriosclerosis (Indef.)	
Other contributory causes of importance: Acute dilatation of heart	6/9/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

Signed: W. H. Campbell M.D.

(Address) 1644 Hanover St

M. D. F. 1268-9

✓ F 36362

6362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 W Lexington St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Tabb

(a) Residence: No. 1117 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Elizabeth Tabb

6. DATE OF BIRTH (month, day, year) 3-12-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	26	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Dining car

10. Date deceased last worked at this occupation (month and year) April 37

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Gloucester Co, Va

FATHER

13. NAME Walter Tabb

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va

MOTHER

15. MAIDEN NAME Christina Booker

16. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va

17. INFORMANT Walter Tabb

(Address) 1117 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date June 12, 37

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St.

20. FILED 6 11 1937 19 Katie Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.9.37, 19

22. I HEREBY CERTIFY, That I attended deceased from 4.27.37, 19 to 6.9.37, 19

I last saw him alive on 6.9.37, 19 Death is said to have occurred on the date stated above, at 2:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonic Phtisis (about)	4.27.37

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Fair M. D.

(Address) 865 W Lexington

M. D. B. 1268-9

F 36363

F 36363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David G. Moore

(a) Residence: No. 828 W. Saratoga St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Moore

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Roena Clemons

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Roena Moore
(Address) 828 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date June 11, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Schroeder St.

20. Filed 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Icterus	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO
If so, [illegible]

(Signed) [signature] M. D.

(Address) 2757 W. Mt. Coroner

36364 F 36364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 Hampnett Av. Ward) 27-E

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith M Burke

If U. S. Veteran specify WAR .....

(a) Residence: No. 4505 Hampnett Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced) HUSBAND of (or) WIFE of William J. Burke

6. DATE OF BIRTH (month, day, year) Nov. 6 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry Schultheis

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Cecilia M. Sylvia

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT William J. Burke

(Address) 4505 Hampnett Av

18. BURIAL, CREMATION, OR REMOVAL

Place Most Holy Redeemer Cem Date June 14 1937

19. UNDERTAKER Gray Stockbridge Inc.

(Address) 301 E Eager St

20. FILED ..... 19..... Registrar.

JUN 15 1937

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1936 to June 10 1937

I last saw her alive on June 10 1937 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance are as follows:

	Duration of each
Gastric Carcinoma	June 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of Oct 1936

For what disease or injury? Gastric Carcinoma

Name of operation Gastrotomy

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. L. Gordy M.D.

(Address) 5106 Hartford Rd

F 36365 F 36365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a #24128 SF

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Kominsky or Komansky

(a) Residence: No. 800 E. Baltimore St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 3/12/1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WPA 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Agnes Nach

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 6-11 1937

19. UNDERTAKER (Address) J. J. Fahey & Son 1111 Light St

20. FILED JUN 11 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3-1937 to 6-5-1937

I last saw h/m alive on 6-5-1937 Death is said to have occurred on the date stated above, at 12:18 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5 mos
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Kenney M. D.

(Address) Baltimore City Hospitals

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36366

CERTIFICATE OF DEATH

✓ 46-E F 36366

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Myrtle ave Ward 14-3)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Juanita Alton

(a) Residence: No. 1413 Myrtle ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Alton

6. DATE OF BIRTH (month, day, year) Oct - 1 - 1907

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	30	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Norman Carroll

14. BIRTHPLACE (city or town) Cowpriels (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie Sidney

16. BIRTHPLACE (city or town) Lancaster (State or country) Virginia

17. INFORMANT Nellie Cooper

(Address) 1413 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6-11 1937

19. UNDERTAKER George E. Nelson & Son

(Address) 1303 Pennsylvania ave

20. FILED JUN 11 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from apr 5, 1937 to June 8, 1937

I last saw h-r alive on June 8 1937 death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver -	1 yr -

Other contributory causes of importance:

Name of operation Exploratory - Date of Apr 5

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Frauenthal, M. D.

(Address) 1111 N Eutaw

HEALTH DEPARTMENT—CITY OF BALTIMORE

36367 F 36367

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens at Caton ave. St. 16-L Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 12 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Edith Sturgis

If U. S. Veteran specify WAR

(a) Residence: No. 936 Rosedale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year) March 4 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northampton Co Virginia

FATHER

13. NAME Tasco Denton

14. BIRTHPLACE (city or town) (State or country) Northampton Co Virginia

MOTHER

15. MAIDEN NAME Mary E. Killam

16. BIRTHPLACE (city or town) (State or country) Northampton Co Virginia

17. INFORMANT Mr. Sturgis

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cypress Hill Date 6/13 1937

19. UNDERTAKER Charles P. Powell & Co.

(Address) 2427 Eastern Ave

20. 1937 Registrar Charles P Powell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10- 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-18- 1937 to 6-10- 1937

I last saw he alive on 6-9- 1937 Death is said to have occurred on the date stated above, at 11.06 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vasc. Disease	1930
Interstitial Nephritis	1935
Bronchial Pneumonia	6-7-37

Other contributory causes of importance:

Possible Pernicious Anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis L. Llewelyn M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

36368 HEALTH DEPARTMENT—CITY OF BALTIMORE 36368

CERTIFICATE OF DEATH

20-4 186-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hospital. St., Ward)

Length of residence in city or town where death occurred 12 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. McCarthy. If U. S. Veteran specify WAR .....

(a) Residence: No. 2719 W. Baltimore St. St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 6, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jeremiah McCarthy.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Agnes C. Deegan.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Agnes C. McCarthy. (mother)
(Address) 2719 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6/12, 1937

19. UNDERTAKER John J. Cowman & Son
(Address) 1901 Eutaw Place

Registrar

NOV 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion & Hemorrhage of the brain.	6/8/37
Accidental fall from a tree.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/8/37 19....

Where did injury occur? Lot rear 2719 W. Balto St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place

Manner of injury Fall from a tree.

Nature of injury Concussion & hemorrhage of brain.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

6/9/37 Address 1017 S. Charles St.

Crason Murray

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36369

CERTIFICATE OF DEATH

Registered No. 129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wolfe Northop St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sears Murray

If U.S. Veteran specify WAR

(a) Residence: No. 1216 Argyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Murray

6. DATE OF BIRTH (month, day, year) 8/13/1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elite Laundry

10. Date deceased last worked at this occupation (month and year) 4/18/37

11. Total time (years) spent in this occupation 034

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME John a Murray

14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Nancy Murray

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Lillie B. Murray

(Address) 1216 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6/11 1937

19. UNDERTAKER Leroy Hopkins Hatcher

(Address) 1518 Druid Hill Ave.

20. FILED JUN 11 1937 Clayton Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-27-37 19 to 6-7-37 19

I last saw him alive on 6-7-37 19 Death is said to have occurred on the date stated above, at 1035 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-diaphragmatic abscess	
Other contributory causes of importance: —	

Was an operation performed? yes Date of 5-28

For what disease or injury? abscess

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W F Fletcher M. D.

(Address) Wolfe Northop

23909 EB

36370 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36370

CERTIFICATE OF DEATH

✓ 34-9-94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6 - 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elias Foundakes

If U. S. Veteran specify WAR

(a) Residence: No. 119 N. Wolfe St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-30-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME Elias

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date June 11, 1937

19. UNDERTAKER J. Francis Reese
(Address) Westminster, Md.

20. FILED JUN 11 1937 Registrar. Huntington, Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1937, to 6 - 1, 1937

I last saw him alive on 6 - 1, 1937 Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No (If so, specify)

(Signed) John L. Ramey M.D.

(Address) Baltimore City Hospitals

F. D. 36371

F 36371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Chadford Apts. St., 27-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 16 ds. How long in U. S. If of foreign birth 66 yrs. 7 mos. 16 ds.

If U. S. Veteran specify WAR NONE.

2. FULL NAME Annie William Holland

(a) Residence: No. Chadford Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T Holland

6. DATE OF BIRTH (month, day, year) Oct-25-1870

7. AGE: Years 66 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) Head 32

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Harry D. William

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Carrie T Herring

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr Harry D William (Bro)

(Address) 310 Edgevale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 1st 1937

19. UNDERTAKER Stewart & Company Co.

(Address) 1084 Mont Ave.

20. FILED JUN 1 1937 Lillington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Drug Poisoning	
Self in mouth	
Other contributory causes of importance: Diseased Pulmonary	

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

F 36372

36372 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 93c

Registered No. 28-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

If U.S. Veteran specify WAR NONE

2. FULL NAME Rev. Ward H. Johnson Provincetown, Mass

(a) Residence: No. 581 Commercial St., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Utica N.Y.

MOTHER FATHER

13. NAME Arthur B. Johnston

14. BIRTHPLACE (city or town) (State or country) Utica N.Y.

15. MAIDEN NAME Eliza S. Rivers

16. BIRTHPLACE (city or town) (State or country) Utica New York

17. INFORMANT Mrs Hope Rands

(Address) 706 Hope

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date June 12 1937

19. UNDERTAKER Edwards & Conaclo

(Address) 108 Lexington

JUN 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1937

22. I HEREBY CERTIFY That I attended deceased from April 28 1937 to June 10 1937

I last saw h alive on June 10 1937 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Senilis	17 yrs
Obstruction Jaundice due to Cholelithiasis	4 mos.
Other contributory causes of importance: Myocardial degeneration and decompensation	2 days

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Damian P. Clay M. D.

(Address) 3326 Fredrick Ave

F 36373

36373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-5-93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 E. 20th St 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel L. Medford Sr. If U. S. Veteran specify WAR .....

(a) Residence: No. 1903 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel C. Medford

6. DATE OF BIRTH (month, day, year) Jan 7 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retail merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seafood store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Almyra W. Medford

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Sarah Medford

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daniel L. Medford Jr.

(Address) 1903 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date June 12/37

19. UNDERTAKER Chas. H. Grant & Son

(Address) [illegible]

FILED 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:

Coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] Coroner M. D.

(Address) 1010 S. Edmondson Ave.

V S 6

E 36374

36374 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 E. Cross St. 24-3 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth E. Irwin

If U.S. Veteran specify WAR .....

(a) Residence: No. 116 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Thomas Irwin

6. DATE OF BIRTH (month, day, year): June 25, 1867

7. AGE: Years 69 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: Thos. E. Lowe

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Kelly

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: John L. Irwin
(Address): 116 E. Cross

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cem. Date: June 14 1937

19. UNDERTAKER: Margaret G. Flynn
(Address): 2107 N. Hilton St.

20. Filed JUN 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937 to June 10, 1937

I last saw her alive on June 10, 1937 Death is said to have occurred on the date stated above, at 2.15 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis — Date of onset 4/37

Other contributory causes of importance:

Cardiac failure

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur J. Funk M. D.

(Address) 724 W. North Ave.

36375

HEALTH DEPARTMENT—CITY OF BALTIMORE

36375

CERTIFICATE OF DEATH

1. PLACE OF DEATH E. Balto. Gen. Hosp. — Registered No. 160-B

CITY OF BALTIMORE: (No. ..... St., 20 E. Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Feldman — If U.S. Veteran specify WAR .....

(a) Residence: No. 2119 N. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) June 10, 1937

7. AGE	Years	Months	Days	If LESS than 1 day 14 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc — 0 0 D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herman O. Feldman

14. BIRTHPLACE (city or town) (State or country) Nordburg Germ

MOTHER

15. MAIDEN NAME Thelma M. Nigginton

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Dr Lloyd E. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6/11/37

19. UNDERTAKER (Address) Chas J. Ellis & Son 16 E. Fallsway

20. FILED JUN 11 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 7:15 a.m. 6-10-37. 19 . to. 9:10 p.m. 6-10-37 19

I last saw h/ alive on 6-10-37 19 . Death is said to have occurred on the date stated above, at 9:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial birth injury	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. M. Hirschfeld M. D.

(Address) .....

M. D. D 1268-9

F-36376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36376

CERTIFICATE OF DEATH

V183 92898 M

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Off Masonville. St. 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Satterwhite.(c) If U. S. Veteran specify WAR

(a) Residence: No. 3214 Tate St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phenia Satterwhite(c)

6. DATE OF BIRTH (month, day, year) August 12,1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Ashton Satterwhite.(c)

14. BIRTHPLACE (city or town) (State or country) Henderson, N. C.

MOTHER

15. MAIDEN NAME Elizabeth Satterwhite

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Phenia Satterwhite.(c)
(Address) 3214 Tate St.

18. BURIAL, CREMATION, OR REMOVAL
Place Henderson N. C. Date June. 11 - 1937

19. UNDERTAKER R. A. Elliott & Daughter
(Address) 1129 N. Caroline St.

Filed JUN 11 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9,1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows: | Date of onset

Accidental Drowning while in swimming.

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident. Date of injury 6/11/37 19

Where did injury occur? Off Masonville
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury In swimming.

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased? No If a fatality

(Signed) Otto M Reinhardt M. D.
Coroner

6/11/37 (Address) 1017 S. Charles St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36377 CERTIFICATE OF DEATH 183 F 36377

1. PLACE OF DEATH Wakter's Ice Pond

CITY OF BALTIMORE: (No. Mt. Winans. St. 18-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Adreon. If U. S. Veteran specify WAR .....

(a) Residence: No. 126 S. Callender Al. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) February 25, 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Single

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Adreon.(

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Emma J. Kepper/

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Emma J. McCullough(mother)
(Address) 113 Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 12-37

19. UNDERTAKER Charles A. Schnabel
(Address) 505 N. Monroe St.

20. FILED 1937 Huntington Wilbanks, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while in bathing.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/10/37

Where did injury occur? Wakter's Ice pond. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury In bathing.

Nature of injury Drowned.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

6/11/37 (Address) 1017 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36378 — CERTIFICATE OF DEATH — 95-B F 36378

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Yale Ave St., 26-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Edward Hood

(a) Residence: No. 401 Yale Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emilie Hood

6. DATE OF BIRTH (month, day, year) 2/12/1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME John Hood

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alberta McGaheran

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James L. Hood

(Address) 922 Fredericks Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6/12/37

19. UNDERTAKER Edw. J. McGrath

(Address) 804 Fredericks Ave

Filed JUN 11 1937 Ft. Covington Williamsburg, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to June 9, 1937

I last saw h.im alive on 6 9, 1937. Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6 8 37
Other contributory causes of importance:	
Arteriosclerosis	Unknown
Hypertension Heart dis	1932

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D. C. Horan, M. D.

(Address) 803 2nd Rd Catonsville, Md.

36379 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36379

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lehr Sanitarium Poor. 131

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Eslinger

If U. S. Veteran specify WAR

(a) Residence: No. 1200 - Valley — St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bernardine Unrich

6. DATE OF BIRTH (month, day, year): March 12-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: John Eslinger

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Elizabeth Eslinger

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus Supt. (Address) 1200 - Valley St. city

18. BURIAL, CREMATION, OR REMOVAL: Huntingford Date 6/12/37

19. UNDERTAKER: Leander J. Haugh (Address) 521 Hartford Ave

20. FILED JUN 14 1937 Huntington Williams, Registrar

VS 3 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1936 to June 10 1937

I last saw him alive on June 8 1937. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance:	
Chr Nephritis	?
Arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation Thyroidectomy

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCabe, M. D.

(Address) 1114 Hartford Ave

36380

E 36380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E Federal St., 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie C Bentz

If U. S. Veteran specify WAR

(a) Residence: No. 1913 E Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H Bentz

6. DATE OF BIRTH (month, day, year) Jan 01-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	1828	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Chas P Kleiss Sr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT W M E Bentz

(Address) 913 E Federal

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date June 12 1937

19. UNDERTAKER John Ellis & Son

(Address) 2008 Orleans

20. FILED June 11 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1936 to June 9, 1937

I last saw her alive on June 08, 1937. Death is said to have occurred on the date stated above, at 9-A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Pulmonale Arterial Hypertension Carcinoma of Uterus	2 yrs 6 mo
Other contributory causes of importance: Cardiac Dilatation and Metastasis	10 days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Cornberg, M. D.

(Address) 2025 E North Ave

VS 2

F 36381

36381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) New Balto. Gen. Hosp. (St.) (Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U.S. Veteran specify WAR ____

2. FULL NAME Baby Boy Koch

(a) Residence: No. 291 Belmont Ave Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 1937

7. AGE	Years	Months	Days	If LESS than 1 day: 7 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Wm Koch

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Thelma Hochall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT M Goeddel WBGH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUN 11 1937
Cremation or Burial

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED JUN 11 1937 3269

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937 to June 10, 1937

I last saw h alive on June 10, 1937 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: 7 1/2 Mo.	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) Milton Levin M. D.
(Address) WBGH

83488 MD F 36382

HEALTH DEPARTMENT—CITY OF BALTIMORE

36382

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St., 21-7 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip Fritz

If U. S. Veteran specify WAR

(a) Residence: No. 526 Scott St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine (Deceased)

6. DATE OF BIRTH (month, day, year) 4-23-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~88~~	74	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Phillip Fritz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara Kieler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date June 14 1937

19. UNDERTAKER Jos. Ireland & Son
(Address) 1217 W. Baltimore St

20. FILED JUN 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-10-1937 to 6-10-1937

I last saw h. alive on 6-10-1937 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder with metastases	6 mos.
Uremia	3 days.

Other contributory causes of importance:

Was an operation performed? yes Date of 5-12-37

For what disease or injury? Ca Carcinoma of bladder

Name of operation Cystoscopy

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. L. Brannigan M. D.

(Address) Baltimore City Hosp.

E 36383

36383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. — mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME .....

(a) Residence: No. ..... St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date .....

19. UNDERTAKER (Address)

20. FILED .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said ..... and that said deceased came (Inquest, Autopsy or Inquiry)
to ... death on the day stated above. G. Hann, M. D.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis.	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. Hann, Coroner M. D.

(Address) 1216 Park Ave

36384 E 36384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp'l St. 9-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph Dressler Jr.

If U. S. Veteran specify WAR

(a) Residence: No. 222 Hawkins Ave Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

FATHER

13. NAME John Joseph Dressler Sr.

14. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER

15. MAIDEN NAME Margaret Cecilia Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Parents

(Address) 222 Hawkins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 11 1937

19. UNDERTAKER Easton Sons

(Address) Elkridge

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-7-, 1937 to 6-11-, 1937

I last saw h alive on 6-11-, 1937. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	May 3
Other contributory causes of importance: Pertussis encephalitis	6-4

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) J. M. Wagleste M.D.

(Address) Sydenham Hosp.

F 36385

36385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hosp Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dolores Daniels

(a) Residence: No. Oella, Md St.; ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 12, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oella Md

FATHER

13. NAME Morris Daniels

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Cross

16. BIRTHPLACE (city or town) (State or country) Oella Md

17. INFORMANT Mother

(Address) Oella, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date June 17 1937

19. UNDERTAKER: Easton, Spurs & Ellicott City

(Address)

20. [illegible] 19.... Registrar.

JUN 17 1937

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-8-, 1937 to 6-11-, 1937

I last saw h[illegible] alive on 6-11-, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	4-16
Other contributory causes of importance: Broncho-pneumonia	6-7

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Milton Abbott M. D.

(Address) Lyndenham Hosp

M. D. B 1268-9

36386

F 36386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St., 18-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Allen

(a) Residence: No. 822 Cloney St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Not Known

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Not Known

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 11 1937 19

COMMISSIONER OF HEALTH

19. UNDERTAKER Per M. A. Moore

(Address)

20. FILED ..... 19 ..... Registrar

3271

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Syphilis of Heart	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. H. Crellin, M. D.
Coroner

(Address) 3757 Wilkens Ave

(Sanders)

E 36387

HEALTH DEPARTMENT—CITY OF BALTIMORE

36387

56

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22-12 Ward)

Length of residence in city or town where death occurred 11 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Willie May Sanders

(a) Residence: No. 502 W Conway St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 23, 1925

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
11	6 7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Sanders

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Sallie Crews

16. BIRTHPLACE (city or town) (State or country) Danville Va

17. INFORMANT Charles Sanders

(Address) 502 W Conway St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date June 12 1937

19. UNDERTAKER Joseph A. Lipsky

(Address) 1491 Pennsylvania Ave Huntington West Virginia

20. FILED JUN 11 1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to June 8, 1937

I last saw her alive on June 8, 1937 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar Pneumonia (Primary)	1937
b Congestive heart failure	

Other contributory causes of importance:

over

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George H Lane M. D.

(Address) University Hosp

F 36388

36388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton City Hospital 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Smith

(a) Residence: No. 605 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) " (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) " (State or country) "

17. INFORMANT Dept Public Welfare (Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL Pikesville 6/12/37

19. UNDERTAKER John J. Foley & Sons (Address) 13 E. Eutaw St.

1 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis - pneumonitis (Traumatic)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? probably accident Date of injury May 24/1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sidewalk 800 E. Madison St

Manner of injury Fell to sidewalk

Nature of injury Contusion of brain occipital

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. W. Wright M. D.

(Address) 1010 S. Ellwood Ave

V S 6

F 36389

HEALTH DEPARTMENT—CITY OF BALTIMORE

36389

CERTIFICATE OF DEATH

V 139-B

Registered No. .....

1. PLACE OF DEATH W. Balto Gen Hosp

CITY OF BALTIMORE: (No. ..... St. 27-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Mrs. Bessie Friedman

(a) Residence: No. 3038 Pinewood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Levi J. Friedman

6. DATE OF BIRTH (month, day, year) March 1st 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Adam Hess

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Mamie Hess

16. BIRTHPLACE (city or town) (State or country) Washington D C

17. INFORMANT Levi J Friedman

(Address) 3038 Pinewood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Levitow Cemetery Date June 14 37

19. UNDERTAKER E E Hart & Son

(Address) Jarrettsville Md

Filed JUN 12 1937 Washington Williams, Nd

Levitow Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15 1937 to June 12 1937

I last saw her alive on June 12 1937. Death is said to have occurred on the date stated above, at 1.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Pelvic abscess	1937
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6-2-37

For what disease or injury? Pelvic abscess

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Sher M. D.

(Address) W Balt

F 363390

363390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 183

1. PLACE OF DEATH
~~North~~ CITY OF BALTIMORE (No.) ~~Ft Lawrence~~ (Pria Breeze) sea Girt Home St., ~~I~~ 2 ~~W~~

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Nicholas Sarmis

(a) Residence: No. 200 S. Ellwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: salesman clerk St.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: retail grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Louis Sarmis

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Barsofolia (Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT George Agnerd
(Address) 49 S Beechfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 6/2 1937

19. UNDERTAKER Thomas Rose
(Address) West minster Md

20. Filed 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest and find that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Drowning	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Probably Accident Date of injury June 6, 1937

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltic Harbor.

Manner of injury while swimming

Nature of Injury Probably Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. M. Wright, M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

V S 6

36391 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36391

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Glenwyle Ave Ward) 27-70

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis A. De Vaux

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3802 Glenwyle Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of Anna May De Vaux

6. DATE OF BIRTH (month, day, year) Sept 27th 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorater Interior

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5/15/37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Louis A. De Vaux

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie C. Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie May De Vaux
(Address) 3802 Glenwyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date June 14th 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Huntington Williams M.D.
JUN 1937 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/9/37, 19.., to 6/10/37, 19.....

I last saw him alive on 6/10/37, 19.., 12:30 P.m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular renal disease	
Other contributory causes of importance: Nephritis	

Was an operation performed? None Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. McConnell, M. D.

(Address) 3475 W North Ave

36392 E 36392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Hamilton Ave. St. 56-2 Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Kutchera

If U.S. Veteran specify WAR .....

(a) Residence: No. 4809 Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kutchera

6. DATE OF BIRTH (month, day, year) July 19, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prague Czecho Slovakia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James J. Kutchera

(Address) 2837 Brenden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date 6/12 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED 6 12 1937 Huntington Williams, M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 19 37 to June 10 . 19 37

I last saw deceased alive on June 10 . 19 37 Death is said to have occurred on the date stated above, at 5:45 P. M.

The principal cause of death and related causes of importance were as follows:

Cancer of the foot — Date of onset May 1 '37

Amputated — June 7 '37

Other contributory causes of importance:

Arteriosclerosis — ?

Chr Nephritis — ?

Was an operation performed? Yes. Date of May 15

For what disease or injury? Cancer of toe

Amputation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Walter P. Schwartz M. D.

(Address) 1939 Mc Elderry St.

(Ella M. W.)

F 36393

36393 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Union Memorial Hospital St. 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Ella M W yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs John Wesley Richardson

If U. S. Veteran specify WAR No record

(a) Residence: No. 710 E 41st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wesley Richardson

6. DATE OF BIRTH (month, day, year) Aug. 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	10	25 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1068

10. Date deceased last worked at this occupation (month, day, year) June 4, 1937

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Mr Christian Waldenburg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miss Amelia Shubert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Albert B. Hoen

(Address) 100 Ridgewood Rd., City

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 14 19 37

19. UNDERTAKER Wm Cook

(Address) 1217 E Pau[illegible] St

20. FILED JUN 12 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7 1937 to June 11 1937

I last saw her alive on June 11 1937. Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-mesenteric Ileus	June 8, 1937
Other contributory causes of importance: Vaso motor collapse	June 9 1937

Was an operation performed? Yes Date of June 5, 1937

For what disease or injury? Carcinoma of Uterus

Name of operation Panhysterectomy & Bilateral Salpingo Oophorectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Julius L. Franklin M. D.

(Address) Union Mem. Hospital

36394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36394

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Bank St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Weiss

(a) Residence: No. 1410 Bank St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John

6. DATE OF BIRTH (month, day, year): Jan 4, 1885

7. AGE: Years 52; Months 5; Days 5; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): [redacted] Italy

FATHER

13. NAME: John Maltorotta

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT (Address): John Weiss 1410 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: June 12, 1937

19. UNDERTAKER (Address): Wendell J. Dipple 1405 S. Bond St

20. FILED: Huntington Williams, MD

JUN 12 1937

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular sclerosis	

Other contributory causes of importance: Coronary embolism

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) W. F. Wright M. D.

(Address) 1010 S. Clifford Ave Coroner

OCCUPATION IS VERY important. See instructions on back of certificate.

F 36395

36395 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital) (St. 12-3 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Campbell

(a) Residence: No. 2410 Brentwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Campbell

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co Md

FATHER

13. NAME Geo Campbell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jane Coates

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Hattie Campbell

(Address) 2410 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mitchellville Md Date 6/12 1937

19. UNDERTAKER William A Jackson

(Address) 916 Pennsylvania Ave

Huntington Williams, Inc

ISSUED 6 12 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cardiac Asphyxia — Date of onset June 9 1937

Other contributory causes of importance: Hypostatic pneumonia — ?

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D.

(Address) 50 Pleasant St

THE INFORMATION IS VERY important. See instructions on back of certificate.

F 36396

36396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. 4720

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Miss Ella Burgess.

(a) Residence: No. 1312 E. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Owen Dorsey Burgess

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Cooke

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Miss Ann Dorothy Burgess
(Address) 1312 E. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date June 12, 1937

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED 6-14 1937 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/15/37. 19 , to 6/10/37. 19

I last saw h alive on 6/10/37. 19 Death is said to have occurred on the date stated above, at 4:25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertensive Cardiovascular	
Coronary Thrombosis	

Other contributory causes of importance:

Hypertrophic arthritis

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Isaiah A. Hunt Jr. M. D.

(Address) Md. Gen. Hosp.

INSTRUCTIONS ON BACK OF THIS CERTIFICATE. ALL INFORMATION IS VERY IMPORTANT.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36397

CERTIFICATE OF DEATH

46-B

F 36397

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1440 Woodall St. Ward 24-2

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Brown.

(a) Residence: No. 1440 Woodall St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, HUSBAND of Mary Brown.

6. DATE OF BIRTH (month, day, year) January 12, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Adolph Brown.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary Brown. (wife)

(Address) 6719 Linden Av. Overlea.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 12. 37 19

19. UNDERTAKER Fred C. Tippett & Son

(Address) 300 Eutaw Place

6 12 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If not, how? .....

6/11, 1937 (Signed) Wm. M. Kemp Laird X Coroner. M. D.

(Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

24123 EB

F 36398

36398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Scott

If U. S. Veteran specify WAR

(a) Residence: No. 813 Pennsylvania Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 5-10-1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	41	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edmund Creyton (D)

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary June 6 37

19. UNDERTAKER Adolphus Hall

(Address) 9 N Dallas St

20. FILED June 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 10 , 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 3 , 1937 to 6 - 10 , 1937

I last saw h[illegible] alive on 6 - 10 , 1937 Death is said to have occurred on the date stated above, at 4:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of right leg	3 d
Arteriosclerotic heart disease	5 y

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ole Arentzen M. D.

(Address) Baltimore City Hosp

36399 F 36399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5418 Remmell Ave. St. 27-4 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Scharoun

(a) Residence: No. 5418 Remmell Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Scharoun

6. DATE OF BIRTH (month, day, year) Jan. 30, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Cramer

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mrs. Oberender

(Address) 5418 Remmell Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 14 19 37

19. UNDERTAKER Frederick Loeffler & Son

(Address) 7401 Belair Road

21 12 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 19 37

22. I HEREBY CERTIFY, That I attended deceased from May 19 35 to June 10 19 37

I last saw her alive on June 9 19 37. Death is said to have occurred on the date stated above, at 11:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	May 1935
Other contributory causes of importance: Senility Senile Colitis.	over

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. S. Hardesty, M. D.

(Address) 4810 Belair Rd.

F 36400

338162

336400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Chase

If U. S. Veteran specify WAR .....

(a) Residence: No. 1740 Ilsmick Hill St., one Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5/15/79

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Jefferson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Katie Taylor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date June 14 1937

19. UNDERTAKER James Adams
(Address) 142 W. Fayette St.

20. FILED ..... 19 .....
Registrar .....

JUN 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to June 10, 1937

I last saw her alive on June 10, 1937. Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	6-7-37
Volvulus - Pneumonia	6-1-37

Other contributory causes of importance:
hypertensive cardiovascular disease

Was an operation performed? yes Date of 6-6-37; 6-9-37

For what disease or injury? Intestinal obstruction

Name of operation Exploratory laparotomy, release of volvulus, cecostomy

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry F. Sweet, Jr. M. D.

(Address) Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36401 — CERTIFICATE OF DEATH — E 36401

Registered No.

1. PLACE OF DEATH St. Agnes Hospital (Da)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 25-1 (Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Moehler — If U. S. Veteran specify WAR

(a) Residence: No. 1 Ave S.W. - 6th St. St. Miami Ward Florida
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) - - - - - 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date decensed last worked at this occupation (month and year) 6/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Miami Fla

FATHER

13. NAME Thomas Moeller

14. BIRTHPLACE (city or town) (State or country) Iowa

MOTHER

15. MAIDEN NAME Esther Daniels

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT Patricia Reed + Geo Ford T. Hendrix
(Address) 1039 S.W. 5th Miami

18. BURIAL, CREMATION, OR REMOVAL
Place Miami Fla Date 6 12 1937

19. UNDERTAKER Wm Cox & Son
(Address) 1319 N. Miami Ave

N 12 1937 Huntington Pittsburgh, Ind. Registrar

MEDICAL CERTIFICATE OF DEATH 4 PM

21. DATE OF DEATH (month, day, year) 6/10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture - Pyrotoxic type of Renal Laceration & Internal Hemorrhage (b)	6/10 -

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/10, 1937
Where did injury occur? Cor Flagler Blvd - nr Dupont Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Collision between cars
Nature of injury Automobile

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert Burley Autz, M. D.
Coroner
(Address) 902 D.C. Banks Bldg

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 36402

36402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltic City Hospitals 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lennie Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 162 W. Hamburg St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): Oct 3 1909

7. AGE: Years 27 | Months 8 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Suffolk Virginia

FATHER

13. NAME: Henry Wilson

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Emma Knight

16. BIRTHPLACE (city or town) (State or country): North Carolina

17. INFORMANT: Joseph Scott

(Address) 162 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL.

Place Suffolk Va Date June 13. 1937

19. UNDERTAKER: Sarah D Brown Son

(Address) 1016 Montgomery St

20. FILED June 14 1937

Irvington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured abcess, vermiform appendix	
Other contributory causes of importance: gen'l peritonitis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. W. Wright Coroner, M. D.

(Address) 1010 S. Elwood Ave

OCCUPATION is very important. See instructions on back of certificate.

1937

64

36403 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36403

CERTIFICATE OF DEATH 23052--CV 2-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 18 — Ward) 3d-4th

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1912 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Simms

If U. S. Veteran specify WAR

(a) Residence: No. 821 W. Lexington St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice Jane (D)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6-12 19 37

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Eutaw St

20. FILED 19 Registrar

6 7 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-26 1937 to 6-10 1937

I last saw h.e.r. alive on 6-10 1937 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	15 days
Other contributory causes of importance: Cerebral Hemorrhage	Unk

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm F. Ramey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 36404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#21432

154 F 36404 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 8-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Elevins

(a) Residence: No. 1640 Normal Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 7/8/1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) N. C. (State or country)

FATHER

13. NAME Troy

14. BIRTHPLACE (city or town) N.C. (State or country)

MOTHER

15. MAIDEN NAME Cynthia

16. BIRTHPLACE (city or town) N.C. (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Lawn Date June 14 1937

19. UNDERTAKER Richard H. Loyerly & Son (Address) 1314 Gorsuch Ave

JUN 12 1937 Washington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-26 1937 to 6-10 1937

I last saw h. alive on 6-10 1937. Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic osteomyelitis	27 yrs
of Rt Rib	7
?	mos

Other contributory causes of importance:

Was an operation performed? Yes Date of

For what disease or injury? Chronic osteomyelitis

Name of operation Excision of Rt rib

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. T. Carpenter M. D.

(Address) Balto City Hosp

OCCUPATION IS VERY Important. See instructions on back of certificate.

VS 3

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36405

CERTIFICATE OF DEATH

F 36405
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hosp. Ward) 10-1

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Forney, Mr. Lester

(a) Residence: No. 1232 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Mrs. Mary C. Forney

6. DATE OF BIRTH (month, day, year) Nov. 21, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe-maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Shop.

10. Date deceased last worked at this occupation (month, year) May. 1937. | 11. Total time (years) spent in this occupation 30 yr.

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland.

FATHER

13. NAME Forney, Manuel C.

14. BIRTHPLACE (city or town) (State or country) Monocy Maryland.

MOTHER

15. MAIDEN NAME Feeser, Mary.

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland.

17. INFORMANT Charles O. Bowers.
(Address) 1803 Wilkens St. City.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marys Cem. Selma Pa. Date June 13 1937

19. UNDERTAKER George W. Parker
(Address) 1737 E. Eager St.

JUN 12 1937 Huntington Williams, MD
Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/27, 1937 to 6/11, 1937

I last saw h[im] alive on 6/11, 1937 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection	?
Arteriosclerosis - generalized	?

Other contributory causes of importance:

Gangrene of Left Leg	1 yr.
Amputation of Left Leg	5/31/37

Name of operation Amputation of Left Leg Date of 5/31/37

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) G. L. Ackerman M. D.

(Address) Church Home & Hosp. Balto. Md.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36406

CERTIFICATE OF DEATH

43-cF 36406

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 HUDSON ST St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CHARLOTTE RICHTER

(a) Residence: No. 3016 HUDSON ST St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWER

5a. If married, widowed, or divorced
HUSBAND (or) WIFE GEORGE L RICHTER

6. DATE OF BIRTH (month, day, year) FEB. 9 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME CHRISTIAN OPPERMAN
14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT HARRY RICHTER (SON)
(Address) 3016 HUDSON ST

18. BURIAL, CREMATION, OR REMOVAL
Place ST. PAULS CEMT Date JUNE 12 1937

19. UNDERTAKER Lilly a Zeiler Inc
(Address) 403 So Wolfe St.

6/12 1937 Huntington Wilkinson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 10 1937
I last saw h[illegible] alive on June 9 1937 Death is said to have occurred on the date stated above, at 8/45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) T Joseph Toomey M. D.

(Address) 441 S. Ellwood Ave

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 26107 — CERTIFICATE OF DEATH — E 26107

Registered No. 107-37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Day

(a) Residence: No. 807 Sterling St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 9, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Day

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Cora Smith

16. BIRTHPLACE (city or town) (State or country) Prattes Branch Va

17. INFORMANT Cora Day

(Address) 807 Sterling St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem'd Date 6-12- 1937

19. UNDERTAKER Bylsby & Mangold & Wright

(Address) 1211 Pine & Edmondson Ave

20. [illegible] Huntington Hall [illegible]

JUN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to June 9, 1937

I last saw him alive on June 9, 1937 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6.5.37

Other contributory causes of importance:

none

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James D. Carr M. D.

(Address) 515 Marker Street

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 36408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36408 — CERTIFICATE OF DEATH — x 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St. 4-2 Ward)

Length of residence in city or town where death occurred 12 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. moe. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert Morton

(a) Residence: No. Central ave & Turner sta. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Color	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Narcissie

6. DATE OF BIRTH (month, day, year) Nov 28 1900

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 00+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Price Edward Co Va.

FATHER

13. NAME Armstead Morton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Harriett Thomas

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Narcissie Morton
(Address) 521 Lemmon st.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md Date June 13 1937

19. UNDERTAKER Mrs Robert A. Elliott-daughter
(Address) 1129 Caroline st.

20. FILED ..... 19..... Registrar.

1937 Lexington Hillman, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1937 to 6-10 1937

I last saw him alive on 6-10 1937 Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	4-21-37
" Empyema	5-10-37
Pneumococcic Septicemia	4-23-37
Boils of abdomen & arm.	4-29-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John M. Warren, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

E 36409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36409

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME HARRIETT WILLIAMSON

If U. S. Veteran specify WAR .....

(a) Residence: No. TURNER'S STATION MD. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	BLACK	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) NOV 14 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME WALLE WILLIAMSON

14. BIRTHPLACE (city or town) (State or country) SO CAROLINA

MOTHER

15. MAIDEN NAME LUEMEALIA WILLIAMSON

16. BIRTHPLACE (city or town) (State or country) SO CAROLINA

17. INFORMANT Lueealyee Williamson
(Address) Main St Turner station

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date June 14. 1937

19. UNDERTAKER Edward A. Deitz Daughter
(Address) 1129 Carlisle Ave.

JUN 12 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE 6, 1937 to JUNE 10, 1937

I last saw her alive on JUNE 10, 1937 Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
TETANUS (Coma)	JUNE 1937
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? CLIN Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Boland E. Brewer M. D.

(Address) University Hospital

OCCUPATION IS very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36410

CERTIFICATE OF DEATH

F 36410

1. PLACE OF DEATH 4430 Forrest View Ave. St., 26-1 Ward)

CITY OF BALTIMORE: (No.

Registered No. 93

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

U. S. Veteran specify WAR

2. FULL NAME Gustave Widmark

(a) Residence: No. 4430 Forrest View St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martine Widmark

6. DATE OF BIRTH (month, day, year) June 29, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Age pentioned

10. Date deceased last worked at this occupation (month and year) 34S

11. Total time (years) spent in this occupation 25yrs

12. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ? Sweden

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ? Sweden

17. INFORMANT Mrs John H. Rose

(Address) 4427 Forrest View Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date June 12 1937

19. UNDERTAKER Roland & Terkler

(Address) 612 N. Monroe st

JUN 12 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 , 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Klein, Coroner, M. D.
Coroner

(Address) 1215 Hanover

DEATH CERTIFICATE IS very important. See instructions on back of certificate.

V S 6

36411 E 36411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 E Montgomery St. 22-1 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George H Arnold

(a) Residence: No. 109 E Montgomery St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Hester L Arnold

6. DATE OF BIRTH (month, day, year) April 21 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sale manager for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chambers Gas Range Corp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) R I

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Mrs Hester L Arnold

(Address) 109 E Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 14 1937

19. UNDERTAKER John F Denny

(Address) 715 Eight St

20. FILED JUN 12 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1936 to June 10, 1937

I last saw h~~im~~er alive on June 10, 1937 Death is said to have occurred on the date stated above, at 11 95 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas + terminal pneumonia	

Other contributory causes of importance:

Was an operation performed? Yes Date of May 15-37

For what disease or injury? Exploratory

Name of operation Laparotomy

What test confirmed diagnosis? Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. Winslow Walker M. D.

(Address) 422 Med Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 36412

36412

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 N. STREEPER St., 7-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME STANLEY ZUNT

(a) Residence: No. 618 N. STREEPER St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	NEW BORN

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day 10 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... WHD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... WHD

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME STANLEY ZUNT

14. BIRTHPLACE (city or town) (State or country) BALTO MD

MOTHER

15. MAIDEN NAME CATHERINE LAIRD

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT CATHERINE ZUNT
(Address) 618 N. STREEPER

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JUN 12 1937

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED JUN 14 1937
By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to June 11, 1937
I last saw him alive on JUNE 11, 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PREMATURITY	
MALNUTRITION	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thomas F. Kelly M. D.

(Address) 2623 E. Monument St

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

✓ E 36413

36413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Volunteers of America Hosp. St., (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Baby Boy Thompson

(a) Residence: No. None St., 2142 Aisquith St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 12, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7 mo.	Premature	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Carroll Thompson

14. BIRTHPLACE (city or town) (State or country) Havre de Grace Md.

MOTHER

15. MAIDEN NAME Mabel Simmons

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 12 1937

COMMISSIONER OF HEALTH

19. UNDERTAKER Per H. A. Moore

(Address) Huntington Williams

12 1937

3276 H

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937 to June 12, 1937. I last saw him alive on June 12, 1937. Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so specify .....

(Signed) Ronald Hummel M. D.

(Address) 418 W. Lexington St.

36414 F 36414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1422 Orleans St., 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Strickland

(a) Residence: No. 1422 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 16 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

FATHER

13. NAME Ashley Strickland

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Louisa McCullers

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Willie Strickland
(Address) 1422 Orleans St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calv. Date June 13 1937

19. UNDERTAKER E O Wilson
(Address) 1000 Brantley Ave
Huntington Williamsport, Md

20. FILED JUN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10. 1937

I HEREBY CERTIFY, That I attended deceased from June 2 1937 to June 10 1937

I last saw him alive on June 10 1937. Death is said to have occurred on the date stated above, 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	June
Diabetes Mellitus dt	8
Cerebral Oedema	1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen, M. D.

(Address) 587 Augusta Ave

17

E 36415

36415

HEALTH DEPARTMENT—CITY OF BALTIMORE

95B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St. 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary J. Gartland

(a) Residence: No. 1430 Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2/21-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Gartland

14. BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER

15. MAIDEN NAME Mary E Flynn

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Catherine Evans

(Address) 1426 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cath Cem Date 6-14-37

19. UNDERTAKER Leonard Roach

(Address) 1500 Harford Ave

20. FILED JUN 12 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1937 to June 11, 1937

I last saw he alive on June 11, 1937. Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vas. Disease	1934
Anasarca.	
Cardio-Vascular Failure	6-1-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Flewelyn M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

36416

HEALTH DEPARTMENT—CITY OF BALTIMORE

93c F 36416

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 N Frankford Ave St. 96-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Abell

If U. S. Veteran specify WAR

(a) Residence: No. 45 N Frankford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph F Abell

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary L Hook

(Address) 45 N Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mary Lyons Md Date 6/14, 1937

19. UNDERTAKER Leonard J Keyser

(Address) 1501 Edmondson Ave

20. FILED Huntington Williams, M.D.

JUN 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to June 11, 1937.

I last saw her alive on June 9, 1937. Death is said to have occurred on the date stated above, at 7.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis.	Jan 1936.
Senility	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Hardesty M. D.

(Address) 4810 Belair Rd

OCCUPATION is very important. See instructions on back of certificate.

V F 36417

36417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Abbottston St., 9-7 Ward)

Length of residence in city or town where death occurred Lifes yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosa R. Sauerwald

(a) Residence: No. 1601 Abbottston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Sauerwald

6. DATE OF BIRTH (month, day, year) 5-7-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hawk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John P. Wolf

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Maria Anna Conrad

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John P. Sauerwald
(Address) 1601 Abbottston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6/14 1937

19. UNDERTAKER Leonard J. Ryck
(Address) 5305 Harford Rd

20. FILED 6/17 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to 6-10- 1937

I last saw her alive on 6-10- 1937 Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown
Other contributory causes of importance: Apoplexy	6/5/37

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. B. Sybert M. D.

(Address) 2802 Harford Ave

OCCUPATION is very important. See instructions on back of certificate.

F 36418

36418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital ×953

CITY OF BALTIMORE: (No. ..... St. 4 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Wood

If U. S. Veteran specify WAR .....

(a) Residence: No. Annapolis Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 29 - 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) a a co md

FATHER

13. NAME Milton Wood

14. BIRTHPLACE (city or town) (State or country) Calvert Co md

MOTHER

15. MAIDEN NAME Gladys A Harkaby

16. BIRTHPLACE (city or town) (State or country) a a co md

17. INFORMANT Gladys A Wood

(Address) 157 Kingsbury Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hope Chapel Date June 14 1937

19. UNDERTAKER B L Hopkins

(Address) Annapolis Md

20. FILED June 15 1937 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/37

22. I HEREBY CERTIFY, That I attended deceased from 2/16/37, 19..., to 6/12/37, 19...

I last saw her alive on 6/12/37, 19... Death is said to have occurred on the date stated above, at 6 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	
Pulmonic disease	1930?
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William J Stebbins M.D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V.S. 14

36419 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36419

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 10-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Ann Parker

If U. S. Veteran specify WAR

(a) Residence: No. 1028 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 1, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roxboro, N. C.

FATHER

13. NAME Joe Parker

14. BIRTHPLACE (city or town) (State or country) Aurora, N.C.

MOTHER

15. MAIDEN NAME Christine Wood

16. BIRTHPLACE (city or town) (State or country) Roxboro N.C.

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem. Date June 12, 1937

19. UNDERTAKER Mrs. Robert A Elliott daughter

(Address) 129 Carlton St

20. FILED ....., 19..... Registrar.

VOID JUN 13 1937 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to June 11, 1937

I last saw her alive on June 11, 1937. Death is said to have occurred on the date stated above, at 6.28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diphtheria	6-8-37
Myocardial failure	6-11-37
Streptococcus tonsillitis	6-8-37
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D Schwarzkopf M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 36420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36420

CERTIFICATE OF DEATH

122-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs 0 mos 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James M Gaither

(a) Residence: No. Sykesville Md St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Cora Gaither

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER

13. NAME Elijah Gaither

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Gaither
(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cem. Date June 16 1937

19. UNDERTAKER Weaver Bros Inc
(Address) Sykesville Md.

20. FILED 19 Registrar.

JUN 15 1937 Washington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/1937

22. I HEREBY CERTIFY, That I attended deceased from 6/2/1937 to 6/12/1937

I last saw him alive on 6/12/1937 Death is said to have occurred on the date stated above, at 7.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	5/31/37

Other contributory causes of importance:
Congestive Failure
Senility

Was an operation performed? Yes Date of 6/2/37
For what disease or injury? Strangulated Inguinal Hernia
Name of operation Herniaplasty
What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter H. Eyerly Jr. M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 36421

36421 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

349-131

CERTIFICATE OF DEATH

22093 38

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 17-3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anita Burke or Burkett.

(a) Residence: No. 830 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT B. C. H. Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Date 6/14 1937

19. UNDERTAKER Wm A Jackson (Address) 926 Pennsylvania

20. FILED JUN 13 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22-1937 to 6-10-1937

I last saw her alive on 6-10-1937 Death is said to have occurred on the date stated above, at 9½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	Unk
Other contributory causes of importance:	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 36422

36422 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospitals St. H-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Smith

If U. S. Veteran specify WAR No Record

(a) Residence: No. Odenton Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. H. Smith

6. DATE OF BIRTH (month, day, year) June 1, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 0037

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ed. Stanton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Boswell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm. H. Smith

(Address) Odenton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Dog Bell Found Md 6/14/1937

19. UNDERTAKER Williams

(Address) 12/14/37 Pasadena Md

FILED JUN 15 1937 For Wilmington, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	
Gangrene of Leg.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, what?

(Signed) F W C Wilms M. D. Coroner

(Address) 2757 E Fayette

F 36423 ✓ F 36423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME Virginia A. Cannon

2823 Mosher St (Usual residence) (Inmate Infirmary Balto City Hos since July 28 1936) formerly 3413 Halford Rd. Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Gabriel

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly housework

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Hopkins Island Maryland

FATHER

13. NAME Major Rusch

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Minnie M. Tull

(Address) 2823 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 15th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St Baltimore, Md

20. FILED

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	May 6 1937
Hypostatic pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 6, 1937

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto City Hos. Infirmary

Manner of injury slipped off the stage

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Wroughton M. D.

(Address) 1010 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 36424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36424

X 167

Registered No. 20-3

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Lot in the rear of 2500 block Ashton St. (St.) (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Freeman C. Wentz.

(a) Residence: No. Freeland Balto.Co.Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~XXXXX~~ widowed, or ~~XXXXXX~~ HUSBAND of ~~XX. XXX XX~~ Lillian Wentz.

6. DATE OF BIRTH (month, day, year) August 31, 1896.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	9	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmhand.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto.Co.Md.

FATHER

13. NAME George Wentz.

14. BIRTHPLACE (city or town) (State or country) Balto.Co.Md.

MOTHER

15. MAIDEN NAME Effie Whykle.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT Ida B. Stultz. (sister)
(Address) 420 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 14th, 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. Filed JUN 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of the left chest. Suicide.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury June 11 1937

Where did injury occur? Lot, Ashton St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place public place.

Manner of injury Suicide

Nature of injury Bullet wound of chest.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

6/12/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

F 36425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36425

CERTIFICATE OF DEATH

48

Registered No. 27-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2409 Montebello Terrace (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel Irene Wright Bolivar

If U. S. Veteran specify WAR .....

(a) Residence: No. 2409 Montebello Terrace, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Juan Bolivar

6. DATE OF BIRTH (month, day, year) July 1 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Wright

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lucy Wright

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Lucy Wright
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 13

19. UNDERTAKER James A Lapsley
(Address) 142 N Eutaw St

Filed JUN 13 1937 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2nd. 1937 to June 10th 1937

I last saw her alive on June 9th 1937 Death is said to have occurred on the date stated above, at 10.05 p. m.

The principal cause of death and related causes of importance were as follows:

Terminal Pneumonia — Date of onset 6-6-1937

Other contributory causes of importance

Secondary anemia following internal injuries, undetermined. — Feb. 2 1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in the following:
Accident, suicide, or homicide? 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify Hyp. See contrib. cause

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

E 36426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36426

CERTIFICATE OF DEATH

44-a

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 913 S. Charles St. 23-2 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Goldblum

If U. S. Veteran specify WAR .....

(a) Residence: No. 913 S. Charles St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris J.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Bernard Schecter

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yetta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Herring Run 6-13 1937

19. UNDERTAKER Jack Lewis Inc
(Address) 1434 E. Baltimore St.

20. FILED ..... 19..... Registrar

JUN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1937, to June 12, 1937

I last saw h... alive on June 12, 1937 Death is said to have occurred on the date stated above, at 11:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma of the ovaries with metastases to liver, stomach, intestines	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1935

For what disease or injury? Adenocarcinoma of Ovaries

Name of operation Removal of " "

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isidor L. Levy M. D.

(Address) 2324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 36427

36427 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sidney Cohen

(a) Residence: No. 1606 Gwynns Falls Parkway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 16 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bertha

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Greenlawn Date 6-13-37

19. UNDERTAKER: Jack Levy Inc
(Address) 1439 E. Baltimore St.

20. FILED JUN 13 1937 Lucy Nathanson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937, to June 11, 1937

I last saw him alive on June 11, 1937 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Subacute bacterial endocarditis — Date of onset 1937

Chronic rheumatic cardio-valvular disease (mitral stenosis, mitral insufficiency, auricular fibrillation)

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard Lidman, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 36428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 36 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Max Weinstein

(a) Residence: No. 6054 Gallo Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Baruch Weinstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Gnetta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Weinstein Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pikesville Date 6/13/37 19

19. UNDERTAKER Orchard Funeral Home

(Address) 1431 E. Baltimore St.

FILED JUN 13 1937 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1937 to 6-12 1937

I last saw h.. alive on 6-12 1937 Death is said to have occurred on the date stated above, at 935 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bowel	
Other contributory causes of importance: Cachexia	

Was an operation performed? Yes Date of June 1936

For what disease or injury? Carcinoma of bowel

Name of operation Colostomy

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elliott Wechsler, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 36429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36429

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 5-1 Ward)

Registered No. 46-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lillie O'Toole

If U. S. Veteran specify WAR

(a) Residence: No. Thurmont Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John O'Toole

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canvasser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Jere O'Toole

14. BIRTHPLACE (city or town) (State or country) Thurmont

MOTHER

15. MAIDEN NAME Lizzie Magee

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Bernard Toole

(Address) Thurmont

18. BURIAL, CREMATION, OR REMOVAL

Place Thurmont Date June 15 1937

19. UNDERTAKER Hilldrup & Creeger

(Address) Thurmont Md

20. FILED JUN 15 1937 19 Registrar Frederick, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1936, to 6-13, 1937

I last saw h[illegible] alive on 6-13, 1937. Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - Rectum & Sigmoid	4-3-36
Generalized metastases	5-35 ?

Other contributory causes of importance:

Was an operation performed? Yes Date of 3-2[illegible]-36

For what disease or injury? Intestinal obstruction

Name of operation Colostomy

What test confirmed diagnosis? biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H A Parr M. D.

(Address) St. Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 36430

✓ F 36430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4521 Pimlico Rd St. 27-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Del Garro

(a) Residence: No. 4521 Pimlico Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 29, 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc., Ham.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Vincent Del Garro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Maccioli

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Josephine Chiego
(Address) 141 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 14 1937

19. UNDERTAKER Frank T. Sibitane
(Address) 2818 E. Balto St

20. FILED June 14 1937 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8th 1937 to June 11 1937

I last saw h[illegible] alive on June 11 1937 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	April 8 1937
Other contributory causes of importance: Cerebral Embolism	June 7 1937

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Were there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Anthony F. Lucas M. D.

(Address) 5274 York Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

36431 HEALTH DEPARTMENT—CITY OF BALTIMORE 36431

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 84-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Annie Cadwallader

(a) Residence: No. 14 High St., Metuchen N. J. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Cadwallader

6. DATE OF BIRTH (month, day, year) Dec 28 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 20

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME James Crompton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME annie Forster

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Margt Pearce
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery Date 6/14/37

19. UNDERTAKER Geo A Farley
(Address) Fulton & Fayette

20. FILED 6/13 19 37 N. J. 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1937 to 6-11, 1937

I last saw h[illegible] alive on 6-11, 1937. Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
metastases to brain	
Other contributory causes of importance:	
Bronchopneumonia	1 day

Was an operation performed? Yes Date of 6-11-37

For what disease or injury? Carcinoma of stomach

Name of operation Posterior gastro enterostomy

What test confirmed diagnosis? Op. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W C Hennigar M. D.

(Address) Mercy Hosp

N. J. 1937

36432 F 36432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No. 605 N. Lakewood St., 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo. F. Brandt — If U.S Veteran specify WAR ...

(a) Residence: No. 605 N. Lakewood St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed or divorced — HUSBAND of (or) ~~WIFE~~ of Sophie M Brandt

6. DATE OF BIRTH (month, day, year) October 3 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6061

10. Date deceased last worked at this occupation (month and year) 6/1/37

11. Total time (years) spent in this occupation 5 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Geo. Philip Brandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdaline Stengel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sophie Brandt (Address) 605 N Lakewood.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 6/14/37

19. UNDERTAKER Steyaert & Son (Address) 37 S. Broadway

20. FILED ... 1937 Registrar ... Remington, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/37

22. I HEREBY CERTIFY, That I attended deceased from April 1 1937 to June 11 1937 that I last saw him alive on June 10 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis (Hrs.) 1 Date of onset 1935

Other contributory causes of importance: Arteriosclerosis 5 Days

Was an operation performed? — Date of —

For what disease or injury? —

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) H. C. Stoerb M. D.

(Address) 19 Mulberry

OCCUPATION is very important. See instructions on back of certificate.

36433 HEALTH DEPARTMENT—CITY OF BALTIMORE

36433

CERTIFICATE OF DEATH

95-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2422 Liberty Heights Ave. Ward) 5-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Angus S. Beaton

If U. S. Veteran specify WAR .....

(a) Residence: No. 2422 Liberty Heights Ave. St.; ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Mary Beaton

6. DATE OF BIRTH (month, day, year) Aug 13, 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	73	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting-Bldg.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Malcolm Beaton

14. BIRTHPLACE (city or town) (State or country) Edinburgh Scotland

MOTHER

15. MAIDEN NAME Mary Ann Morrow

16. BIRTHPLACE (city or town) (State or country) County Cork Ireland

17. INFORMANT Mrs Arabella Bause

(Address) 2422 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 14, 1937

19. UNDERTAKER Wm J Tuckner & Son

(Address) Walbrook Balto

FILED JUN 13 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2-E, 1937 to June 11, 1937

I last saw h.IM. alive on June 11, 1937. Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Followed and Enlarged Heart

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Costello M. D.

(Address) 335-E-31st St. Balto Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 36134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36134

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3631 Christopher St. 13-7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Blum

(a) Residence: No. 3631 Christopher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Blum

6. DATE OF BIRTH (month, day, year) Oct 28, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md
(State or country)

FATHER

13. NAME Michael Blum

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Charles M. Blum

(Address) 3631 Christopher Ave

18. BURIAL, CREMATION, OR REMOVAL

Date June 17, 1937

19. UNDERTAKER Thomas Kirk & Son

(Address) 3615 Christopher Ave

20. FILED JUN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to June 10, 1937

I last saw him alive on June 10th, 1937 Death is said to have occurred on the date stated above, at 4:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	June 8

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis A. Gillen, M. D.

(Address) 900 N. 37th St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 36435

2a Cross - W 25th

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36435

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2822 Huntingdon Ave) (St.) (12-7) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice F. Masimer

(a) Residence: No. 2822 Huntingdon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor A. Masimer

6. DATE OF BIRTH (month, day, year) June 21, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Eleanor A. Masimer
(Address) 2822 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date June 15, 1937

19. UNDERTAKER E. Brown & Son
(Address) 3615-17 Chestnut Ave

20. FILED JUN 15 1937 Huntington Wilkinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5 1937 to June 12 1937

I last saw h[illegible] alive on June 12 1937 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-10-37
Other contributory causes of importance:	
Chr. Interstitial Nephritis	2
Arteriosclerosis	2.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E Cross, M. D.

(Address) 28 W 25th St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 36436

36436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 W 41st St. St. 13-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie L. Jones

(a) Residence: No. 1210 W 41st St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alvin M. Jones

6. DATE OF BIRTH (month, day, year) Aug 11, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Alvin J. Trout

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mamie Hershey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alvin M Jones

(Address) 1210 W 41st St

18. BURIAL, CREMATION, OR REMOVAL

Stonewall Hampden Date June 15 1937

19. UNDERTAKER C Lorenz & Son

(Address) 3615 Chestnut Ave.

JUN 13 1937 Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937, to June 12, 1937.

I last saw her alive on June 11, 1937. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ends and Myo-cardites	May 8 1937

Other contributory causes of importance:

Lobar Pneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 5460 W 36th St - Balto.

OCCUPATION is very important. See instructions on back of certificate.

36437 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36437

CERTIFICATE OF DEATH

92-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Elmora Avenue St., 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William C. Voelker

(a) Residence: No. 3215 Elmora Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Voelker

6. DATE OF BIRTH (month, day, year) Jan. 29th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Voelker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adeline Stork

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Pauline Voelker
(Address) 3215 Elmora Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Ceme. Date June 13 37

19. UNDERTAKER Henry Sander & Son, Inc.
Baltimore St. & Broadway

20. FILED JUN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-6-37 to 6/9 1937

I last saw h.. alive on 6/9 1937 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1935
Other contributory causes of importance: Myocardial degeneration	6/5/37

Was an operation performed? W Date of

For what disease or injury? W

Name of operation W

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? W Date of injury, 19

Where did injury occur? W (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place W

Manner of injury W

Nature of injury W

24. Was disease or injury in any way related to occupation of deceased? W If so, specify W

(Signed) David Fuller M. D.

(Address) 1500 N. Broadway

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

F 36438

36438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 Mount St., 19-1 Ward) Home

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Walker

If U. S. Veteran specify WAR

(a) Residence: No. 514 Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jack Walker

6. DATE OF BIRTH (month, day, year) June 20-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Brunswick County Va

FATHER

13. NAME Henry Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Marie Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dewey Peterson

(Address) 514 Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Cem Date June 13, 1937

19. UNDERTAKER Joseph A Kirby

(Address) 1609 Mount Street

JUN 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the body and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left Breast	April 1, 1937.
Other contributory causes of importance:	

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George J. Allen Coroner, M. D.

(Address) 50 S Augusta St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 36439

36439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Windsor Avenue St. 15-B Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ADAM N. REITER

If U. S. Veteran specify WAR

(a) Residence: No. 3408 Windsor Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Laake Reiter

6. DATE OF BIRTH (month, day, year) Dec. 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Reiter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Marx

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie Laake Reiter
(Address) 3408 Windsor Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date June 14 '37

19. UNDERTAKER Chas. H. Grauwetter Son
(Address) 118 W. Mt. Royal Ave

20. FILED 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1937 to June 11, 1937

I last saw him alive on April, 1937. Death is said to have occurred on the date stated above, at 10.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Arteriosclerotic	before 1930
Cardiovascular disease	
Auricular fibrillation	1930
Cerebral accident	1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. S. Love Jr M. D.

(Address) 2211 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

F 36440

F 36440 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH Sinai Hosp

CITY OF BALTIMORE: (No. ..... St., 26-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME WILLIAM RAVEN ASHER

(a) Residence: No. 3412 Elliott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIDOW of Sarah Howell Asher

6. DATE OF BIRTH (month, day, year) Dec 2-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire worker 0886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) Harford Co (State or country) Md.

FATHER

13. NAME James Asher

14. BIRTHPLACE (city or town) Chase (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Fowler

16. BIRTHPLACE (city or town) Chase (State or country) Md

17. INFORMANT Mrs. Sarah Asher
(Address) 3412 Elliott St

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cemetery, Chase Md Date June 13, 37

19. UNDERTAKER Robt Rowe Inc
(Address) 1st Broadway

20. FILED JUN 13 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/37, 19

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to June 11, 1937

I last saw h[illegible] alive on June 11, 1937. Death is said to have occurred on the date stated above, at 10:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broadened ulcer with hemorrhage	4 days
Bronchopneumonia	6 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Herbert Abramson, M. D.

(Address) Sinai Hospital.

OCCUPATION is very important. See instructions on back of certificate.

F 36141

36141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 3 Hare Street St., 6-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine A. Spicer

If U. S. Veteran specify WAR .....

(a) Residence: No. # 4 N. Ellwood Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Spicer

6. DATE OF BIRTH (month, day, year) May 15th, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Donnolly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Delia (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Alberta Guerras

(Address) 27 S. Hare Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. June 14, 1937

19. UNDERTAKER George J. Ruth, Inc.

(Address) 1735 Harford Avenue

20. FILED JUN 14 1937 Registrar.

JUN. 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1936 to 6-12, 1937

I last saw h[illegible] alive on 6-12, 1937. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-11-37
Arteriosclerosis	—

Other contributory causes of importance:

Hypertension	
Hypertensive heart disease	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) John J. Gould M. D.

(Address) 14 N. East ave.

OCCUPATION is very important. See instructions on back of certificate.

33625
33612

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36142

CERTIFICATE OF DEATH

X V 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johns Edmonds

If U. S. Veteran specify WAR .....

(a) Residence: No. Turner Station St., ... Ward. md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-24-15

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	22	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Jossie Tyree

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Milburn Va Date June 14 1937

19. UNDERTAKER Archibald G. Geddis

(Address) 2101 McCulloh St.

20. FILED ..... 19..... Registrar

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to June 12, 1937

I last saw h.~~im~~ alive on June 12, 1937. Death is said to have occurred on the date stated above, at 1145 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - Type III	
Bacteremia - Type III Pneumo.	

Other contributory causes of importance:

None.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation { X-Ray, Blood Culture, Sputum Typing

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Charles A. Janeway, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 36443

36443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 711 Brunt St. 14-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Henry Stewart

If U.S. Veteran specify WAR .....

(a) Residence: No. 1711 Brunt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Stewart

6. DATE OF BIRTH (month, day, year): Aug 1, 1886

7. AGE — Years: 50 | Months: 10 | Days: 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month, day, year): Feb 1935

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Woodstock Md

FATHER

13. NAME: Henderson

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Henderson

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Mrs Mary Stewart 1711 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem. Date: June 14 37

19. UNDERTAKER (Address): Archibald Griffith 2101 McCulloh St.

20. FILED: Huntington Williams, Registrar.

JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12 37

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... June 12 37

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Epilepsy — Date of onset: 1933

Arteriosclerosis

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical History No

23. If death was due to external causes (violence) fill in answers to the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. L. Beckard M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36144 — CERTIFICATE OF DEATH ✓ 46-BF 36144

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Lyndale Ave. St., 8-1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Bertholdt

(a) Residence: No. 3213 Lyndale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Catherine Bertholdt

6. DATE OF BIRTH (month, day, year) January 1, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Naval Yard

10. Date deceased last worked at this occupation (month and year) September 1936

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Frederick Bertholdt

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lena Schneider

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Mr. Irvin Frederick Bertholdt

(Address) 3415 Ramona Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date June 14 . 1937

19. UNDERTAKER

(Address) 1005 W. Baltimore St.

JUN 14 1937 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/8/ . 1937 . to 6/10/ . 1937

I last saw him alive on 6/10/ . 1937. Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach - with generalized Carcinomatosis	
Other contributory causes of importance: Pathological fracture of left femur.	

Name of operation Laparotomy - Date of

What test confirmed diagnosis? Obvious Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Bucote Boyle - M. D.

(Address) 5309 Harford Road

F 36445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36445

CERTIFICATE OF DEATH 23058 JS 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 22-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adeline English

(a) Residence: No. 603 W. Conway St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert English

6. DATE OF BIRTH (month, day, year) 1880 1887 ? 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	50 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Jessie Durant

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Amande ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lynchburg S. C. Date June 15, 1937

19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 W. Lexington St.

20. FILED ..... 19.....
1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-26-1937 to 6-11-1937

I last saw h[illegible] alive on 6-11-1937 Death is said to have occurred on the date stated above, at 11:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Intermuscular gangrene of left foot	10 mo
Generalized arteriosclerosis ?	

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-30-37

For what disease or injury? Intramuscular gangrene foot

Name of operation Mid-thigh amputation, left

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Adolph Brantigan M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

36446

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36446

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carrie E Moore

(a) Residence: No. 4601 Benton Hgts. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paul L Moore

6. DATE OF BIRTH (month, day, year) Aug 1 or 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Jacob Lloss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Abshire

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Paul L Moore
(Address) 4601 Benton Hgts Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Cem Date 6/14 1937

19. UNDERTAKER Robert Brooks Gibson
(Address) Calhoun & Hollins Sts

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1937

22. I HEREBY CERTIFY, That I attended deceased from May 24 1937 to June 11 1937

I last saw her alive on June 11 1937. Death is said to have occurred on the date stated above, at 4½ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	?

Other contributory causes of importance:

Post Operative Bronchopneumonia 3d

Was an operation performed? Yes Date of 6-7-37

For what disease or injury? Carcinoma Cervix

Name of operation Excision of Cervical Stump

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frantz R Stephenson M D

(Address) St Josephs Hospital

JUN 14 1937

VS 3

SUGGESTIONS ON PREPARATION OF DEATH CERTIFICATE. Entries must be made in ink or typewritten. Use only standard abbreviations. Do not use ditto marks. Be sure to answer all questions, and to make entries in all blanks, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36447

CERTIFICATE OF DEATH.

√23 F 36447

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Mount ST.) 19-2 (WARD)

2-FULL NAME Issac Brown

(a) RESIDENCE NO. 110 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Odelia Brown

6 DATE OF BIRTH (month, day, and year):

7 AGE — Years: 76 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Lab.

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Issac Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Odelia Brown 110 N. Mount

15 Filed JUN 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 12-37

17 I HEREBY CERTIFY, That I attended deceased from May 12, 19 37, to June 12 19 37, that I last saw him alive on June 12, 19 37, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Pul. Tuberculosis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No Clinical Obs. X Ray

What test confirmed diagnosis?

(Signed) H M Williams, M. D.

6-14 1937 (Address) 201 N Caney St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary cem — DATE OF BURIAL: 6-14 1937

20 UNDERTAKER: Thomas E. Nelson — ADDRESS: 1308 Pennsylvania

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

O.K. Paul Ebert, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36448

CERTIFICATE OF DEATH ✓ 119

F 36448
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 White Ave. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Raymond T. P. Ebert

(a) Residence: No. 3207 White Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	----

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --------

6. DATE OF BIRTH (month, day, year) March 5, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canton Ohio

FATHER

13. NAME Theodore Ebert

14. BIRTHPLACE (city or town) (State or country) Pittsburgh, Pa.

MOTHER

15. MAIDEN NAME Doris Hoerr

16. BIRTHPLACE (city or town) (State or country) Randallstown, Md.

17. INFORMANT Mr. Theodore Ebert,
(Address) 3207 White Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 15 1937

19. UNDERTAKER Frederick Lawrence Sterling
(Address) 7401 Belair Road

20. FILED JUN 14 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12 1937 to ..... 19.....

I last saw h[illegible] alive on June 12 1937 Death is said to have occurred on the date stated above, at 6:55A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	6/5/37
Other contributory causes of importance:	
Accidents	6/12/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edwin H. Benson M. D.

(Address) 1 W. Preston

Exact statement of OCCUPATION is very important. See instructions on back of certificate. Statements of death in plain terms, so that it may be properly classified.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36449

CERTIFICATE OF DEATH

131 F 36149

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 823 E. Chase St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William John Murphy

If U. S. Veteran specify WAR

(a) Residence: No. 823 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anastatia Parrell Murphy

6. DATE OF BIRTH (month, day, year) Jan. 7, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Donnelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Wm. Murphy
(Address) 823 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6/15/37

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. [illegible] Clayton Williams, M.D.
Registrar.

JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from January, 1934 to May 29, 1937.

I last saw him alive on May 29, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	1932
Chronic Arteriolar Nephritis	1935
Uremia	5/5/37
Other contributory causes of importance:	
Cardiac failure	6/2/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) J. Raymond Peters, M. D.

(Address) 1906 W Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

1906 W Lexington St. Funeral Chapel

M. D. B 1265-3

F 36450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36450

CERTIFICATE OF DEATH

✓ 108

Registered No. 17-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Cora Monroe

(a) Residence: No. 702 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Monroe

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Belle Monroe

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Etta M. Stokes
(Address) 704 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 14, 37

19. UNDERTAKER Mrs Katie R Williams
(Address) 321 S Schroeder St.

20. FILED JUN 14 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... Curuner, M. D.

(Address) 2757 W Franklin

OCCUPATION is very important. See instructions on back of certificate.

F 36451

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36451

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1266 Riverside Ave St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William V. Martin

If U. S. Veteran specify WAR

(a) Residence: No. 1266 Riverside Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Owen Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Virginia Wade

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Owen Martin

(Address) 1266 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/15 19 37

19. UNDERTAKER L. F. McCully

(Address) 130 E. Fort Ave

JUN 14 1937

Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2 1936 to June 12 1937

I last saw him alive on June 11, 1937. Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1 yr
Other contributory causes of importance:	
Chronic Nephritis	1 yr

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Mitchell M. D.

(Address) 1279 Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F36452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 23 F36452

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Gill

If U. S. Veteran specify WAR

(a) Residence: No. Turners Station St. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) OCT 25/1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE CO.

FATHER

13. NAME GEORGE GILL

14. BIRTHPLACE (city or town) (State or country) BALTIMORE CO.

MOTHER

15. MAIDEN NAME MINNIE SCHERMAN

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT GEORGE GILL (FATHER)

(Address) TURNER STATION

18. BURIAL, CREMATION, OR REMOVAL

Place SCHWARTZ CEM. Date JUNE 16/37

19. UNDERTAKER Lilly & Zeiler INC.

(Address) 403 S. WOLFE ST.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21 1937 to June 13 1937

I last saw her alive on JUNE 13 1937 Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis -	1934
Generalized Miliary Tuberculosis	1937
Tuberculosis Peritonitis	1937
Tuberculosis Salpingitis	1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schwabld M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 21 1937 NAC Huntington Williams, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36453

36453

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 N. Kenwood Ave. 7-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen F. Twist

If U. S. Veteran specify WAR

(a) Residence: No. 635 N. Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Twist

6. DATE OF BIRTH (month, day, year) Jan. 31-1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry R. Twist

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary E. Logue

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Theresa Twist

(Address) 635 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 16-37

19. UNDERTAKER John E. McKelvey

(Address) 2334 Jefferson St.

20. FILED JUN 14 1937

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8 '37 to June 13 '37

I last saw him alive on June 13, 1937 Death is said to have occurred on the date stated above, at 4-1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/8/37
Other contributory causes of importance: Acute Cardiac dilatation	6/13/37

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William A. Reyburn M. D.

(Address) 801 N. Kenwood Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36454

CERTIFICATE OF DEATH

12655--EF

F 36454

1. PLACE OF DEATH

6-1 √82-a Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Pinschmidt

If U. S. Veteran specify WAR

(a) Residence: No. 125 N. Streeper St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Brito Date June 14-37 19

19. UNDERTAKER John E. McCabe

(Address) 2334 Gilmor St

20. FILED JUN 14 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1922 to 6-11, 1937

I last saw her alive on 6-11, 1937 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-11-37
Other contributory causes of importance:	
Senility	Years

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36455

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36455

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 N. Luzerne Ave. 6-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna Amy Wingate

If U. S. Veteran specify WAR .....

(a) Residence: No. 141 N. Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Married~~ Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) June 7-1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles E. Wingate

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna Kemp

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles E. Wingate
(Address) 141 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date June 14 - 37

19. UNDERTAKER John E. Miller
(Address) 2334 Eastern Ave.

20. FILED JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 - 37

22. I HEREBY CERTIFY, That I attended deceased from April 10 - 37 to June 10 - 1937
I last saw her alive on June 10 - 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epileptic Convulsions (Acute Nephritis)	April 11
Other contributory causes of importance: Med Myocarditis	Feb

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? .....

Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....

Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) 141 N. Linwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

36456

✓ F 36456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 E 25th St. E-5 Ward)

Length of residence in city or town where death occurred 85 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C Smith

(a) Residence: No. 1602 E 25th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow of Jerome McSmith

6. DATE OF BIRTH (month, day, year): Feb 24 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ——— None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ——— None

10. Date deceased last worked at this occupation (month and year): ———

11. Total time (years) spent in this occupation: ———

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Fredrick Greiner

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): Dont know

17. INFORMANT (Address): Mrs Geo A Young 1602 E 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Elsinore Mount Lora Date: June 15 19 37

19. UNDERTAKER (Address): Geo Schulz Sons 1124-1126 E Lexington St

20. FILED 19 By

JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8 1937 to June 12 1937

I last saw her alive on June 10 1937 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis — Date of onset

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Beverly Bayle M. D.

(Address) 5309 Harford Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

O.K. – Paul Menken M.D.

F 36457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36457

CERTIFICATE OF DEATH

18-3 186 W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank J. Lutz

(a) Residence: No. 113 Callander St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Lutz

6. DATE OF BIRTH (month, day, year) Nov 29, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 1040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water dept of City

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank Lutz

(Address) State Penal Farm Hagerstown

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 6/15/1937

19. UNDERTAKER John J Cowan & Son

(Address) 901 E Fallows St.

20. FILED ..... 19.....

(Registrar) (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937 to June 13, 1937

I last saw h.. alive on June 13, 1937. Death is said to have occurred on the date stated above, at 10 39 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of head	6-4-37
Sub arachnoid hemorrhage	6-4-37
Pneumococcus meningitis	6-10-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Spinal puncture

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 4, 1937

Where did injury occur? Home Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Blow on head

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schwentker M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Feb 4 1937

36458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36458

107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 mos. ds. How long in U. S. If of foreign birth 22 yrs. mos. ds.

2. FULL NAME Mrs Rose Rosenthal

If U. S. Veteran specify WAR

(a) Residence: No. 847 W. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Rosenthal

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 49 | Months * | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scranton Pa

FATHER

13. NAME Samuel Solomon

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Friendship Date 6/14/37

19. UNDERTAKER Jacob Levy Co (Address) 1439 E. Baltimore St.

20. FILED 19 Registrar

JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-37 19

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937 to June 13 1937

Last saw her alive on June 13, 1937 Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Polycystic Kidney	
Uremia	
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did Injury occur? —

(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place —

Manner of injury —

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) Paul Schenfeld M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36459

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (City) Maryland Gen. Hospital (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr William R. Crowe, Sr. If U.S. Veteran specify WAR .....

(a) Residence: No. 722 E. Preston St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Clara Starr

6. DATE OF BIRTH (month, day, year) Mar. 24th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locksmith do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John C. Crowe

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Critchard

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Raymond Crowe
(Address) 722 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date 6/14/1937

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave

19 ... Registrar.

N 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/4/37. 19 ... to 6/11/37. 19 ...

I last saw him alive on 6/11/37. 19 ... Death is said to have occurred on the date stated above, at 10 A. m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic C-V disease	
Myocardial failure.	
Other contributory causes of importance:	
Hypertrophied Prostate	2 yrs
Eczema.	

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Josiah A. Hurst, M. D.

(Address) Md. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36460 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36460

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3902 Old York Road St., 1 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME William Henry Bell
(a) Residence: No. 3902 Old York Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary L. Bell
6. DATE OF BIRTH (month, day, year): July 19 1863
7. AGE: Years 73 Months 10 Days 24 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Foreman (Steel Mill) 1086
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary L. Bell
(Address) 3902 Old York Road

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: June 16 1937

19. UNDERTAKER: Chas. F. Bruce & Son
(Address) 118 W. Mt. Royal Ave

FILED: JUN 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 13, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937, to June 13, 1937.
I last saw him alive on June 12, 1937. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-Bronchial	June 4/37
Other contributory causes of importance:	
Myocarditis Chronic	1935

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) Edgar P. Sandrock M. D.
(Address) Medical Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36461

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. F 36461

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 N Gross St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Lillian Brooks

(a) Residence: No. 516 N. Gross St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George B. Brooks

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Richardson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Florence Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) George B. Brooks

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Cem Date 6/14/37 19

19. UNDERTAKER (Address) Hook & Brown & Son for Wm Montgomery

JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937, to June 10 19 37

I last saw h... alive on June 10 1937 Death is said to have occurred on the date stated above, at 8.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	
Pneumonia	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Physical signs Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) T. J. Grayston Williams M. D.

(Address) 501 N Wolfe St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36462

92a 22754 SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Colden

If U. S. Veteran specify WAR

(a) Residence: No. 839 Forrest St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin

6. DATE OF BIRTH (month, day, year) 4/19/1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

FATHER

13. NAME Cornelius Culwell

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Polly Davenport

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 14 1937

Commissioner of Health

19. UNDERTAKER

(Address)

20. FILED JUN 14 1937

Registrar.

8277

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15-1937 to 6-7-1937

I last saw her alive on 6-7-1937 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	24 hrs
Other contributory causes of importance: Cardiac Insufficiency	Indefinite

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36463

CERTIFICATE OF DEATH

E 36463

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Garner 8 Lemmon

(a) Residence: No. Stockton St. Nr. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1878 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUN 14 1937
COMMISSIONER OF HEALTH

19. UNDERTAKER For E. A. Moore
(Address) Huntington Williams, Agt

20. FILED JUN 14 1937 17 3218

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 6 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 - 1 . 1937 to 6 - 6 . 1937

I last saw h. alive on 6 - 6 . 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of prostate with acute retention & uremia	?

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) A. L. Mantegan, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 36464

✓ F 36464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 W. Fayette St. 19-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Gibson

(a) Residence: No. 1519 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12, 1937

7. AGE	Years	Months	Days	If LESS than 1 day 23 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel William Gibson

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Helen Martha Kelly

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT (Address) Helen Martha Gibson 1519 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place UNIVERSITY MEDICAL SCHOOL Date JUN 14 1937

Commissioner of Health, Baltimore City

19. UNDERTAKER (Address) Leo V. L. Cobb

JUN 14 1937

Lexington Millard Co.

3279

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937 to June 13, 1937.

I last saw h[illegible] alive on June 13, 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Martin Spencer, M. D.

(Address) 172 W. Fayette St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36465 329795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36465

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 15-1 159 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Briggs

If U. S. Veteran specify WAR

(a) Residence: No. 1367 N. Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-27-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1 wk	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James Briggs

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rudock

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL JUN 14 1937

Place JOHNS HOPKINS MEDICAL SCHOOL Date ... 19

19. UNDERTAKER Commissioner of Health

(Address) per O. A. Boore

20. FILED JUN 14 1937 19 ... Registrar.

3281

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to June 4, 1937

I last saw him alive on June 4, 1937. Death is said to have occurred on the date stated above, at 3 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. C. Stiffler Jr M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36466

HEALTH DEPARTMENT—CITY OF BALTIMORE

36466

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Dalrymel

If U. S. Veteran specify WAR

(a) Residence: No. Homberg Ave., Essex, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 25-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2 1/2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Clinton Hobbs

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Agnes Beads

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Clinton Hobbs

(Address) Homberg Ave, Essex Md

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Cemetery Date 6/14 1937

19. UNDERTAKER Thos. J. Connelly

(Address) Essex, Md

20. FILED JUN 14 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2 1937 to June 12 1937

I last saw h alive on June 12 1937 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bilateral suppurative otitis media	
Pneumonia	
Marasmus	
Dehydration	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis S. Dickey M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36467

HEALTH DEPARTMENT—CITY OF BALTIMORE

36467

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 119 S. Durham St. 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Ella Kaniecka Kaniecke If U. S. Veteran specify WAR .....

(a) Residence: No. 119 S. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packinghouse Operator

10. Date deceased last worked at this occupation (month and year) June 11 37

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Joseph Antuszewski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Urbanska

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Frank Kaniecki (son)
(Address) 119 S. Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date June 15, 1937

19. UNDERTAKER John M. Weber
(Address) 401 N. Chester Street

20. [illegible] [illegible] Registrar

JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	4
	82
Other contributory causes of importance:	1
	1

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. F. Wright (prone) , M. D.

(Address) 1010 S. Ellwood Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 86

M. D. B 1265-9

F 36468

HEALTH DEPARTMENT—CITY OF BALTIMORE

36468

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 25-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ann Smith

(a) Residence: No. 3517 1st St NW Washington Ward. DC
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) Aug 2 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or min.
76	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Frank McCormick

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME Susan Callahan

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

17. INFORMANT Hospital Records
(Address) Date

18. BURIAL, CREMATION, OR REMOVAL Washington D. C. June 14 1937

19. UNDERTAKER Wm H Leahues & Sons
(Address) Washington D. C.

Registrar

JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock	
Ruptured Bladder	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/14

For what disease or injury?

Name of operation Cystotomy Date of 6/14

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? 6/14, 1937

Where did injury occur? York Blvd Elkins Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Driving car off highway

Nature of injury Bruises

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert Henry Lutz Coroner, M. D.

(Address) 907 N Charles St

E 36469 ✓ E 36469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 John St. St., 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert A. Giesler

If U.S Veteran specify WAR ...

(a) Residence: No. 1716 John St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced: HUSBAND of ~~Wife of~~ Sophia Horstman

6. DATE OF BIRTH (month, day, year) Jan. 12, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William H. Giesler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret McGuiness

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Margaret McGuiness

(Address) 3312 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 16, 37

19. UNDERTAKER Martin Baker & Sons

(Address) 1827 W. North Ave.

JUN 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13/37

22. I HEREBY CERTIFY, That I attended deceased from May 7 ... to June 13 ... 37

I last saw ~~him~~ her alive on June 12 ... 37 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Embolism	
Contributory Pneumonia	Days

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. S. Gray, M. D.

(Address) 6222 Roland Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36470

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 Brunswick St. 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Delia Mc Dermott

If U. S. Veteran specify WAR ...

(a) Residence: No. 501 Brunswick St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Aug. 23-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Bernard Mc Dermott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Coll

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Coll
(Address) 501 Brunswick St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date June 15 1937

19. UNDERTAKER J. B. Skipper & Son
(Address) 1300 Eutaw Place

20. FILED ..., 19... Registrar.

JUN 15 1937 Lexington Millinery Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1936 to June 12 1937

I last saw h... alive on June 12 1937 Death is said to have occurred on the date stated above, at 11.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1933
Other contributory causes of importance: Acute Cardiac Dilatation	June 37

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Glassman M. D.

(Address) 1538 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36471

CERTIFICATE OF DEATH

V 210-M

1. PLACE OF DEATH Bon Secours Hosp. St. 10-1 Ward)

CITY OF BALTIMORE: (No. .....

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify War

2. FULL NAME Carrie Gardiner

(a) Residence: No. 1039 S. Ft. St. Miami Ward. Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Gardiner

6. DATE OF BIRTH (month, day, year) Nov 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (City or town) (State or country) Greenville New York

FATHER

13. NAME Clermont Van Dehyden

14. BIRTHPLACE (City or town) (State or country) Greenville N. Y.

MOTHER

15. MAIDEN NAME Niles

16. BIRTHPLACE (City or town) (State or country) Ohio

17. INFORMANT Guy Ford

Address 1039 S. Ft. St. Miami Fla

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date 6-15 1937

Place

19. UNDERTAKER Wm. C. Fell

(Address) Eutaw & St. Paul Sts.

FILED 19 Registrar

UN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13 1937

22. I HEREBY CERTIFY, That I took charge of the remains deceased above, held an Inquest thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation Lab temp. Decay Date of 6/12

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/10 1937

Where did injury occur? Block Blvd near Dug Run

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Auto driven by Negro Man Cafe

Nature of injury One Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Gentry Autopsy Coroner, M. D.

(Address) 907 N Spade

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 36472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36472

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 W Ex Saratoga & Greenmount Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifes yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Sewell, (Wm. C. Mack. alias)

(a) Residence: No. In As Much Mission, Ward. No Was Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed~~, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~ divorced ~~HUSBAND of~~ ~~WIFE of~~ Not Known

6. DATE OF BIRTH (month, day, year) Aug 6th 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Abt 58	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) Jan 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Sewell

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Mary Colton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma C. Medinger

(Address) 106 Clarendon Ave Pikesville

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 15th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 15 1937 Huntington Mathews M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to June 14 1937

I last saw him alive on June 13 1937 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (month, day, year)
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. Lorenz Wright M. D.

(Address) 17 W Saratoga St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev. 3

F 36473 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36473

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5300 Wayne Ave 28-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Bangert Hatter

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5300 Wayne Ave - Howard Park Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~single~~, widowed, ~~or divorced~~ (or) WIFE of Charles W. Hatter

6. DATE OF BIRTH (month, day, year) Aug 20th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Phillip Bangert
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Leinz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Blanche H. Joyce
(Address) 3300 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date June 15th 37

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 15 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1937 to June 12, 1937
I last saw h.e alive on June 12, 1937 Death is said to have occurred on the date stated above, at 9.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Probably 3 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Pelvic examination

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36474

36474

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 Mt Payson St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A Stack

If U. S. Veteran specify WAR

(a) Residence: No. 1816 Mt Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Sarah L. Stack

6. DATE OF BIRTH (month, day, year): July 15-1860

7. AGE: Years 76 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Office Balto City

10. Date deceased last worked at this occupation (month and year): 5 yrs ago

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: Garrett Stack

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Elizabeth Kirby

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Sarah L. Horan

(Address) 2923 Crestmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: June 16th 37

19. UNDERTAKER: Monumn Bank

(Address) 1217 St Paul Street

20. FILED: Huntington Williams, M.D. Registrar Jun 14/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14th 1937

22. I HEREBY CERTIFY, That I attended deceased (from) March 12 1936 to June 14 1937

I last saw h[illegible] alive on June 14 1937. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate.	5/17/37
Other contributory causes of importance: Chronic Myocarditis	1936
Arterio Sclerosis	1936

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas P Adamtier M. D.

(Address) 3013 St Paul St

JUN 15 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36475

CERTIFICATE OF DEATH

24275 JS

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 1/24-a

2. FULL NAME Ralph Haight

(a) Residence: No. 910 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Haight

6. DATE OF BIRTH (month, day, year) 2-9-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 6/9/37

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Preston S. Haight

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Corn ?

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place U. S. National Date June 16th 1937

19. UNDERTAKER Wm Cook 1217 St Paul St
(Address)

20. FILED JUN 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1937 to 6-13, 1937

I last saw h IM alive on 6-13, 1937 Death is said to have occurred on the date stated above, at 3:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	3 mths +
Other contributory causes of importance: Chronic Alcoholism	30 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36476 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36476

CERTIFICATE OF DEATH

V-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Dulaney St., 20-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Myers

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2523 Dulaney St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maker of Straw Hat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Salto Md

FATHER

13. NAME Daniel Myers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dora Sitters

16. BIRTHPLACE (city or town) (State or country) Salto Md

17. INFORMANT Daniel Myers Jr
(Address) 2523 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 16 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

JUN 5 1937 Lexington Williams Sec

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from March 19.. to June 13 19 37

I last saw h alive on June 12 19 37. Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Glassman, M. D.

(Address) 153 W Fayette St

Instructions: Use typewriter or pen and ink. Write plainly. Use ink. Do not use pencil. Do not fold. Do not write in margins. Do not use abbreviations or initials. Do not leave blanks. If unknown or not applicable, write "unknown" or "N. A." To secure a permit for burial, cremation, or removal, all items must be completed, including the statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H 36477 # 24370 B F 36477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Bauer

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2476 McElderry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-4-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John George Bauer (D)

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Magdaline France (D)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 16 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 15 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1937 to 6-14, 1937

I last saw her alive on 6-14, 1937 Death is said to have occurred on the date stated above, at 4:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 days
Other contributory causes of importance: Arteriosclerotic Heart Disease	unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Kenney M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36478

HEALTH DEPARTMENT—CITY OF BALTIMORE 36478

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Pinn alley St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Gross

If U. S. Veteran specify WAR

(a) Residence: No. 710 Penn. alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lolo Gross

6. DATE OF BIRTH (month, day, year) March 7/1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	March 3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cal Kinds

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME William H. Gross

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Charlott Johnson

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT William Rawlings

(Address) 736 Carrollton Ave Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert Co. Md. Date June 16 1937

19. UNDERTAKER Walter B. Spring Jr.

(Address) 139 W. Hamburg St.

20. FILED JUN 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 13 1937

I last saw h alive on June 10 1937 Death is said to have occurred on the date stated above, at 1 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	June 1937
Other contributory causes of importance: Arteriosclerosis	May 1937

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Fowler M. D.

(Address) 710 E. Pratt St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36479 36479

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 Auchentoroly Terrace St., 3rd Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Goldie Harb

If U. S. Veteran specify WAR .....

(a) Residence: No. 3508 Auchentoroly Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Harb

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Zelbowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Harris
(Address) 3508 Auchentoroly Terrace

18. BURIAL, CREMATION OR REMOVAL Hebrew Soc. Forest Park Place June 15 Day 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E. Balto St.

JUN 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to June 14, 1937

I last saw him alive on June 14 1937 Death is said to have occurred on the date stated above, at 1230 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular renal disease	few years
Other contributory causes of importance: acute Cardiac Dilatation	1 hour

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. A. Fineman M. D.

(Address) 2340 Eutaw Place

Dr Fineman

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

M.D. 268-9

36480

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36480

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Ellamont St. 15-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 70 yrs. 1 mos. 11 ds.

all lifetime

2. FULL NAME Irving D. Twilley No War Service

(a) Residence: No. 1737 Ellamont St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie C. Twilley

6. DATE OF BIRTH (month, day, year) Aug 2, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher formerly — none last 3 yrs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Sharptown Md.

FATHER

13. NAME Thos. J. Twilley

14. BIRTHPLACE (city or town) (State or country) probably Sharptown Md.

MOTHER

15. MAIDEN NAME Sarah J. Marine

16. BIRTHPLACE (city or town) (State or country) probably Sharptown Md.

17. INFORMANT Mrs. Lillie C. Twilley (wife)

(Address) 1737 Ellamont Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemet. Date June 15 37, 19

19. UNDERTAKER D. Stewart & Mowen Company

(Address) 103 W. North Avenue

20. FILED JUN 15 1937, 19 Registrar A. Evelyn Nilhaus, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from March, 1937, to June 13, 1937

I last saw him alive on June 12, 1937. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
int. chronic nephritis	about 1 year ago
Other contributory causes of importance: diabetes	about 3½ yrs. ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Chem. and micros. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. T. Stonewall, M. D.

(Address) 3310 Tioga Parkway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36481 3303 41

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36481

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 22-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Jackson

If U. S. Veteran specify WAR .....

(a) Residence. No. 550 W Barre St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-17-09

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Howard Jackson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eulah Woodlon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 17 1937

19. UNDERTAKER James A Harris

(Address) 142 N Stricker St

20. FILED JUN 15 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE 10 1937 to JUNE 14 1937

I last saw him alive on JUNE 14 1937 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute purulent peritonitis	6-11-37
Bronchial pneumonia	6-11-37

Other contributory causes of importance:

Partial intestinal obstruction	about 1936

Was an operation performed? yes, Date of 6-11-37

For what disease or injury? Partial intestinal obstruction

Name of operation Exc - sigmoidostomy

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) [signature] M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36482

CERTIFICATE OF DEATH

V/62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Boston St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lisette C. Zirckel

If U. S. Veteran specify WAR

(a) Residence: No. 2200 Boston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Zirckel

6. DATE OF BIRTH (month, day, year) April 28,1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Glaeser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Harry Zirckel
(Address) 2200 Boston Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 16, 37

19. UNDERTAKER H. Sander & Son, Inc.
Baltimore St. & Broadway

20. FILED 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 32 1937 to June 14 1937

I last saw her alive on June 14th 1937 Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Greene, M. D.

(Address) 1900 Eastern Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN...

F 36483

F 36483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 108

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 750 Waesche ST., 4-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lula M. Hurt.

(a) RESIDENCE NO. 750 Waesche ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hunt

6 DATE OF BIRTH (month, day, and year) June 16 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Edward Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto

12 MAIDEN NAME OF MOTHER Maria Kelsick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Fannie Brooks

(Address) 750 Waesche St

15 Filed June 14 1937 Huntington Wilkinson, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 11-1937

17 I HEREBY CERTIFY, That I attended deceased from 5/21- 1937 to 6-11- 1937

that I last saw h alive on 6-11 1937

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia.

(duration) yrs. mos 21 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. F. Jackson M. D.

6/11/19 37 (Address) 1600 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL June 14 1937

20 UNDERTAKER Peter A. Holland — ADDRESS 831 Druid Hill Ave

Mrs. Pearl B. Holland

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 36484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36484

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 N. Eden St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth, ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Morrell

If U. S. Veteran specify WAR .....

(a) Residence No. 2018 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Pronoff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Merkie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 6-15-37

19. UNDERTAKER Geo. Lowe Son

(Address) 1439 E. Baltimore St

20. FILED ... By ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14-37

22. I HEREBY CERTIFY, That I attended deceased from Dec 1936 to June 14, 1937

I last saw h[er] alive on June 14, 3:30 P.M. 1937 Death is said to have occurred on the date stated above, at ... p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Dec 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of Feb 1937

For what disease or injury? .....

Name of operation Laparotomy

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. L. Solomon, M. D.

(Address) 129 N. Bway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36485

CERTIFICATE OF DEATH

√46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 W. Lexington St. Ward) 20-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 37 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Leurs

(a) Residence: No. 1830 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Feb. 21 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Leurs

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 6-15-37 19

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Baltimore St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-37 19

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to June 13 1937

I last saw him alive on June 13 1937 Death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	May 1936

Other contributory causes of importance:

Was an operation performed? Yes Date of July 1936

For what disease or injury? Suspected Carcinoma

Name of operation Sinai Hospital July 1936

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jacob Cohen M. D.

(Address) 2235 Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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F 36486

F 36486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kuba

If U. S. Veteran specify WAR

(a) Residence: No. 820 S. Port St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wladyslaw Kuba

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Kruski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Zofia Snopezinski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Stephan Kuba 820 S Port St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date June 17 1937

19. UNDERTAKER (Address) Fred W Czaykowski 1930 Eastern Ave.

20. FILED JUN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to June 14, 1937

I last saw her alive on June 14, 1937. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyocondrial pneumonia	6/12/37
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 14, 1937

For what disease or injury? Chronic cholecystitis + cholelithiasis

Name of operation Partial resection gall bladder T-tube drainage

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Raffel M. D.

(Address) Druid Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36487 HEALTH DEPARTMENT—CITY OF BALTIMORE 36487

CERTIFICATE OF DEATH

93-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 S. Paca St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Siemers

(a) Residence: No. 912 S. Paca St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Siemers

6. DATE OF BIRTH (month, day, year) Jan 3 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5	1 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Long

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs Johnson
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 17 1937

19. UNDERTAKER Wm. H. Ecker & Son
(Address) North Ave.

20. FILED ..... 19 ..... Registrar.

BN 1937 Huntington Hillcrest, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to June 14, 1937

I last saw h.. alive on June 14, 1937. Death is said to have occurred on the date stated above, at 2.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2
Chr. myocarditis	

Other contributory causes of importance: Acute Cardiac Dilatation June 13

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Glassman, M. D.

(Address) 1553 W. Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36488

CERTIFICATE OF DEATH

✓23

F 36488

Registered No.

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. 12-6 St. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME von Herman Grafen

If U. S. Veteran specify WAR

(a) Residence: No. no permanent address St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret McGinity

6. DATE OF BIRTH (month, day, year) March 8, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marine

10. Date deceased last worked at this occupation (month and year) 5-27-36

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Herzogenboorch, Holland

FATHER

13. NAME von Hubert Grafen

14. BIRTHPLACE (city or town) (State or country) --, Germany

MOTHER

15. MAIDEN NAME Arnes Van de Bracht

16. BIRTHPLACE (city or town) (State or country) --, Holland.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Date June 15 1937

19. UNDERTAKER E. Leroy Griffin, Inc (Address) 125 E. North Ave.

20. FILED ... 19 ... Registrar.

JUN 15 1937

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1936 to June 12, 1937

I last saw him alive on June 12, 1937 Death is said to have occurred on the date stated above, at 3:40p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced	1931
Other contributory causes of importance:	

Was an operation performed? Yes Date of 4-16-37

For what disease or injury? Tuberculosis of spine

Name of operation Application of body cast.

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. E. Lawrence, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36489

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3331 Elmley Ave St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sadie I. Andrews

If U. S. Veteran specify WAR .....

(a) Residence: No. 3331 Elmley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 11 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Irvin Andrews

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Bertie Faulkner

16. BIRTHPLACE (city or town) (State or country) Pocomoke City md

17. INFORMANT Mrs Bertie Richardson
(Address) 3331 Elmley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 16 1937

19. UNDERTAKER John F Dennis
(Address) 718 Light St

20. FILED ..... 19 .....
Registrar.

JUN 15 1937

Huntington Wallace, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 13, 1937

I last saw h. alive on June 13, 1937 Death is said to have occurred on the date stated above, at 5.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	June 5
Other contributory causes of importance:	
Chronic Bronchial asthma	
Chronic Hypertension	2

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Chas I Brennan M. D.

(Address) 718 N Patterson Park ave

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36490

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General (St.) 16-8 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Rosie Collier

If U.S. Veteran specify WAR .....

(a) Residence: No. 604 Pratley St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

GRANTLEY

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lee Collier

6. DATE OF BIRTH (month, day, year) Sept 10 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jas. Baston

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Webster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Neal Webster

(Address) Deals Is Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Ave. Date 6/15/31

19. UNDERTAKER Enos A. Stanley

(Address) Hilton & Forsyth

FILED JUN 15 1931 NORTH Huntington Williamson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13/31 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/16/31 . 19 . to 6/13/31 . 19

I last saw h. alive on 6/13/31 . 19 Death is said to have occurred on the date stated above, at 8:45 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver ?

Ascites ?

Date of onset

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Josiah A. Hunt, M. D.

(Address) Md. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36491

CERTIFICATE OF DEATH

175

F 36491

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward 11-14)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Oscar Brower

If U. S. Veteran specify WAR

(a) Residence: No. 1002 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ollie Brower

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saw Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Highland nc

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Mary Reed — (Address) 1002 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem June 16 37

19. UNDERTAKER Bond & Ingerley (Address) 518 Druid Hill

[illegible] Clayton Williams MD

JUN 15 1937

V S C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1937

22. I HEREBY CERTIFY, that I [illegible] of the remains described above, held an inquest & autopsy (Inquest, Autopsy or Inquiry) and from the evidence obtained by [illegible] (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
fractured Skull & neck	June 13 1937

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 13 1937

Where did injury occur? Lake Auchentorlly

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Walked & fell and

Nature of injury fractured Skull & neck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 509 Aisquith St

F 36492

36492 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mel Gen Hosp 20-3 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Carl Ebeling Sr.

If U.S. Veteran specify WAR .....

(a) Residence: No. 3145 Pulaski St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Amelia Ebeling

6. DATE OF BIRTH (month, day, year) Oct. 21 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Navy Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Ebeling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda Wichoung

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Amelia Ebeling

(Address) 3145 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 17 1937

19. UNDERTAKER George F. Stewart

(Address) 711 Fredrick Ave.

JUN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-11-37 to 6-14-37

I last saw him alive on 6-14-37 Death is said to have occurred on the date stated above, at 11½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Stewart M. D.

(Address) Mel Gen Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36493 — CERTIFICATE OF DEATH — 154 E 36493

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 E 30th St., 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ella V. Riegel — If U. S. Veteran specify WAR .....

(a) Residence: No. 2028 E 30th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas N. L. Riegel

6. DATE OF BIRTH (month, day, year) July 24 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Whitten

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Nicholas N. L. Riegel
(Address) 2028 E. 30th St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date June 16 '37

19. UNDERTAKER Philip Herring & Sons
(Address) 2516 Orleans St

20. FILED JUN 15 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1936, to June 12th, 1937

I last saw h.e.r. alive on June 12th, 1937. Death is said to have occurred on the date stated above, at 10:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of hip joint	Dec 31
Streptococcus Hemolyticus	"
Septic Endocarditis	

Other contributory causes of importance:

Cardiac Failure	June 5 37

Was an operation performed? Yes. USN H. Date of Dec. 31/36

For what disease or injury? Osteomyelitis

Name of operation Removal of necrotic bone

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hubert L. Kirk, M. D.

(Address) 926 Harford Rd

INFORMATION GIVEN HEREIN, WITH CONSENT OF INFORMANT, IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36491 F 36491 45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 N. Broadway St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Koelblein

If U. S. Veteran specify WAR Spanish

(a) Residence: No. 1434 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Koelblein

6. DATE OF BIRTH (month, day, year) Mar 3 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bal Pilot Boat Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Cairns
(Address) 414 Baltimore, Riverdale Md

18. BURIAL, CREMATION, OR REMOVAL
Place Bald Nat Cem Date 6/15/37

19. UNDERTAKER Philip Henry & Son
(Address) 2016 Orleans St

JUN 15 1937 Huntington Williams, Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937 to June 12, 1937

I last saw him alive on June 11, 1937 Death is said to have occurred on the date stated above, at 5 04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Tongue and Tonsil	abt 15-1936

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John J Creery, M. D.

(Address) 1603 E Broadway

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36495 HEALTH DEPARTMENT—CITY OF BALTIMORE 36495

CERTIFICATE OF DEATH 24302--EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-1 Ward) 159 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Miller If U. S. Veteran specify WAR .....

(a) Residence: No. 1027 N. Carey Street St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-9-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Hodges Epps

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carrie Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cremated at BCH Date 6-13-1937 19

19. UNDERTAKER None

(Address)

20. FILED JUN 15 1937 Arlington Williams Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 . 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9 . 1937 to June 11 . 1937

I last saw her alive on June 11 . 1937 Death is said to have occurred on the date stated above, at 12:05 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	life
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Jalexander M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 36496

F 36496 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

156-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 Edgewood Rd St., 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Covington Daugherty, Jr.

(a) Residence: No. 738 Edgewood Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 2, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. invalid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crisfield Md

FATHER

13. NAME George W. Daugherty

14. BIRTHPLACE (city or town) (State or country) Crisfield Md

MOTHER

15. MAIDEN NAME Anna Green

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Geo W. Daugherty
(Address) 738 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Date June 15 1937

19. UNDERTAKER Robert O. Mitchell & Sons
(Address) 900 Eutaw Place
Huntington Williams, M.D.

JUN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13th, 1937

22. I HEREBY CERTIFY, That I attended deceased from about May, 1928, to June 13th, 1937.

I last saw him alive on June 12th, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Mucocutaneous Mycotic Infection	12 yrs.
Terminal pneumonia	3 days

Other contributory causes of importance:
Carcinoma pulmonis with

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify

(Signed) [illegible], M. D.

(Address) 3921 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36497 E 36497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 E. Pratt St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nick Krawell

U. S. Veteran specify WAR .....

(a) Residence: No. 1111 E. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ob's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 15 1937 19

Commissioner of Health

19. UNDERTAKER Per B. A. Moore

(Address)

JUN 15 1937 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	
Pulmonary haemorrhage	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. [illegible] Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave

JUN 15 1937

V S 6

F 36498 ✓ F 36498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Jail St. 10-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clarence M~~[illegible]~~ McKeldin

If U. S. Veteran specify WAR .....

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0-0-0

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME: "

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Jail records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 15 1937 19

Commissioner of Health

19. UNDERTAKER: Per B. A. Boom

(Address) For Funeral Information Refer to Telephone Book

20. FILED JUN 15 1937 325-1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	

Other contributory causes of importance: Chronic myocarditis (Alcoholic)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 1010 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 15 1937

E 36499 ✓ F 36499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belle City Hospital St. 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 946 S. Eutaw St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUN 15 1937 19

Commissioner of Health

19. UNDERTAKER .....

(Address) .....

20. FILED JUN 16 1937 Registrar

3285

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal gangrene - obstruction	

Other contributory causes of importance: Unknown

Was an operation performed? Yes Date of .....

For what disease or injury? .....

Name of operation Exploratory Date of June 8 37

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

gran #18

F 36500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

174 F 36500

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Westport Dump/ St. 25-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theadore C. Parker.(c) If U. S. Veteran specify WAR .....

(a) Residence: No. Westport Dump. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Do not know.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	-----	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S. D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY Date JUN 15 1937

Commissioner of Health
Per S. A. Boore

19. UNDERTAKER .....
(Address) .....

20. FILED JUN 15 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Internal Hemprrhage.
Due to stab wound of the chest involving the Liver. Homicide. June 1,193

Date of onset .....

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquest. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide. Date of injury June 1, 1937

Where did injury occur? Westport Dump.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Stab wound.ø Pocket knife

Nature of injury Internal Hemorrhage.

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) Otto M. Steinhardt, M. D. Coroner

6/14/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 15 1937

✓ Grave #19

HEALTH DEPARTMENT—CITY OF BALTIMORE

36501 36501

CERTIFICATE OF DEATH

175 (one)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Antonio Martin

If U. S. Veteran specify WAR .....

(a) Residence: No Ofverbogen Sweden (?) St., 326 Commercial St Ward, Boston, Mass

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bergnde, Foreign Sweden Spain

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL. Place PUBLIC CEMETERY JUN 15 1937 19

19. UNDERTAKER (Address):

20. FILED JUN 15 1937 19

Commissioner of Health

per S. A. Ross

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? homicide? Date of Injury June 1, 1937

Where did injury occur? Boston Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place sidewalk in front 413 E. Balto St

Manner of Injury Fall to sidewalk

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Wright M. D.

(Address) 1010 S. Ellwood Ave Coroner

JUN 15 1937

N. B. — PLEASE WRITE WITH INFADEN, PEN ... PRINT ... Every item ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should ... state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction ... certificate.

A F 36502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36502

CERTIFICATE OF DEATH

X 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 2-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roger Hubert Bowie

If U. S. Veteran specify WAR

(a) Residence: No. Brandywine, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 15 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME James F. Bowie

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dorothy L. Wilstead

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Md. Date 6/16/37

19. UNDERTAKER Hunt & Ryan

(Address) Delray 5858

20. [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-7-, 1937 to 6-14-, 1937

I last saw him alive on 6-14-37 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Lesion	6-1-37
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Philip L Franklin M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 15 1937

365503

HEALTH DEPARTMENT—CITY OF BALTIMORE 365503

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for Women of Maryland. 176

CITY OF BALTIMORE: (No. Lafayette & Johnston Ave 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Beardmore

(a) Residence: No. 4942 Pennington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Geo. Beardmore.

6. DATE OF BIRTH (month, day, year) 9/13/1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	9	10	-

OCCUPATION:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Vincent Kiwiatkiewicz

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Antonella Grygorowicz

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mr. Geo Beardmore

(Address) 4942 Pennington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Road Date 6/16/37

19. UNDERTAKER J. Fahey Sons

(Address) 15 E. Lexington St.

20. FILED Huntington Williams, Reg

JUN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13/1937

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1937 to June 13, 1937

I last saw her alive on June 13, 1937 Death is said to have occurred on the date stated above, at 11.27 P.M.

The principal cause of death and related causes of importance were as follows:

Hepatitis (non-specific) and myocardial failure.

Date of onset 6/2/37

Other contributory causes of importance:

Cholangitis & cholelithiasis Paralytic Ileus.

Was an operation performed? Yes Date of

For what disease or injury? Cholangitis & Cholelithiasis.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Franklin Mc Eguire M. D.

(Address) Womans Hospital

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 36504

F 36504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Lemmon St. St. 20-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dorothy Doering.

(a) Residence: No. 1916 Lemmon St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) April 15,1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Doering.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Inez Bushong.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Inez Doering.(mother)
(Address) 1916 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lloyd Cemetery Date June 16 1937

19. UNDERTAKER George E. Schmidt
(Address) 220 [illegible] Ave.
[illegible]
Registrar

JUN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15,1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	
unknown.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) Otto M. Fiechland M. D.
Coroner

2/15/37 (Address) 1017 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 36505

F 36505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4545 Reisterstown 27-16 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth: 23 yrs. ... mos. ... ds.

2. FULL NAME Rosina Musso

If U. S. Veteran specify WAR .....

(a) Residence: No. 4545 Reisterstown Rd. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48 46	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pietro Musso

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concetta Legambe

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Severio Musso

(Address) 4545 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 17 1937

19. UNDERTAKER Frank V. Pipetone

2818 E. Balto St.

UN 15 1937

Huntington W[illegible]

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-1-1937 to 6-17-1937

I last saw h[illegible] alive on 6-13-1937 Death is said to have occurred on the date stated above, at 1230 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Enlargement of heart and displacement of heart to left -	
Other contributory causes of importance:	
Cardiac dilatation acute -	10 da.

Was an operation performed? nr Date of .....

For what disease or injury? nr

Name of operation ~~Fistula~~ Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? nr If so, specify .....

(Signed) S. D. Emanuel M. D.

(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36506

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp 15-B

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Elizabeth Lilley

If U.S. Veteran specify WAR No Record

(a) Residence: No. 1633 Poplar Grove St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Lilley

6. DATE OF BIRTH (month, day, year) Feb. 15, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Thomas Lilley

(Address) 1633 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 18th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to June 14, 1937.

I last saw h[illegible] alive on June 14, 1937. Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of Urinary Bladder	
(2) Metastatic Ca of Pancreas	
It was thought that bladder was primary source	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. W. Hellman M. D.

(Address) Mary[illegible] Gen'l Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

Burlington (Illinois, U.S.

F 36507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36507

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 East Madison St. 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tyler Hall

If U. S. Veteran specify WAR No Record

(a) Residence: No. 18 East Madison St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE of~~ Dorothy Cora Hall

6. DATE OF BIRTH (month, day, year) Dec 6-1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor Self

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) A. A. Co Md

FATHER

13. NAME Thomas W Hall

14. BIRTHPLACE (city or town) (State or country) A A Co Md

MOTHER

15. MAIDEN NAME Violetta Hall

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Basil D. Hall

(Address) 18 E. Madison

18. BURIAL, CREMATION, OR REMOVAL Millersville

Place St. Stephens Date June 17 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED ..... 19..... Registrar.

JUN 15 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1937 to June 14 1937

I last saw him alive on June 14 1937. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	6/17/37

Other contributory causes of importance:

Aortic & Mitral insuff. Chr. Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Sheldon Goodrich M. D.

(Address) Med. Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36508

CERTIFICATE OF DEATH

46-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen. St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Chas A Hicks (Hicks) U. S. Veteran (Specify WAR)

(a) Residence: No. 130 W. Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles A. Hicks

6. DATE OF BIRTH (month, day, year) Nov 5. 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Leonard Kohler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. A. Hicks (Address) 130 W. Cross St.

18. BURIAL, CREMATION OR REMOVAL Place Cedar Hill Cem Date June 18 1937

19. UNDERTAKER Margaret A. Flynn (Address) 1822 Light St

20. FILED Huntington Williams M.D. Registrar.

JUN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-12-37, 19 to 6-16-37, 19

I last saw h.. alive on 6-15-37, 19 Death is said to have occurred on the date stated above, at 1.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 5-15-37

For what disease or injury? Ca of Colon

Name of operation Abdomil Separation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36509

CERTIFICATE OF DEATH

157-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem. St. ..... Ward) 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 15 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Graham Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1251 S. Light St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3. 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Harry Jones

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Margaret Tudor

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mrs. Margaret Jones

(Address) 1261 Light St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Md Date June 17 1937

19. UNDERTAKER Margaret H. Flynn

(Address) 1422 Light St

20. FILED ..... 19..... Register

JUN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-9-, 1937 to 6-15-, 1937

I last saw him alive on 6-15-, 1937 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hydrocephalus	Birth
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6-15-37

For what disease or injury? To relieve pressure

Name of operation Bone Flap

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Hawes H. Flynn M. D.

(Address) Union Memorial Hosp

F 36510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36510

CERTIFICATE OF DEATH

✓ 46-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 535 W. Biddle St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Inez Guest

If U.S. Veteran specify WAR .....

(a) Residence: No. 535 W. Biddle St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 3, 1896.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Mack Guess

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Josephine ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT William Atteberry

(Address) 535 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 6/17/ 1937

19. UNDERTAKER Frances A. Hemler

(Address) 578 W. Biddle St

20. FILED JUN 17 1937 Huntington Station, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31. 1937 to June 14. 1937

I last saw her alive on June 14 1937 Death is said to have occurred on the date stated above, at 15.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Stomach	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank E. Hamer M.D.

(Address) 627 Lexington

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36511

F 36511 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19-3 ✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 S. Calhoun St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 7 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Weber

If U. S. Veteran specify WAR .....

(a) Residence: No. 121 S. Calhoun St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	WIDOWED

5a. If married, widowed, or divorced (or) WIFE of Late Michael Weber

6. DATE OF BIRTH (month, day, year) Nov. 9th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Doyle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Frank B. Weber

(Address) 3330 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 6/18 1937

19. UNDERTAKER Wm. F. Carman & Sons

(Address) 701 Hollins St

JUN 15 1937

F. E. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 15 1937

22. I HEREBY CERTIFY, That I attended deceased from April 5 1937 to June 15 1937

I last saw her alive on June 14 1937. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Arteriosclerosis

Chronic myocarditis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward S. Kallins M. D.

(Address) 2116 W. Pratt St.

I. C.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36512

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospl St. 11 - 2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Winship Taylor

If U. S. Veteran specify WAR NONE

(a) Residence: No. 10 E. Chase St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Taylor

6. DATE OF BIRTH (month, day, year) Aug. 13 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga.

FATHER

13. NAME George Winship

14. BIRTHPLACE (city or town) (State or country) Atlanta Ga

MOTHER

15. MAIDEN NAME Eugenia Spear

16. BIRTHPLACE (city or town) (State or country) Atlanta Ga

17. INFORMANT Mr. Robt Taylor Jr. (Son)

(Address) Lombardy Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date May 1937

19. UNDERTAKER Seward Moore Co.

(Address) 108 E. Monument

20. FILED ... 19... Registrar.

JUN 16 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30, 1937, to June 15, 1937

I last saw h... alive on June 05, 1937. Death is said to have occurred on the date stated above, at 12 05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	3
Generalized Arteriosclerosis	3

Other contributory causes of importance:

Seminal Uremia

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Hunter C. Blount M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36513 HEALTH DEPARTMENT—CITY OF BALTIMORE 36513

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 N Calvert St., 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. 1 mos. 21 ds.

2. FULL NAME Julia Stansbury Thomas

If U. S. Veteran specify WAR NONE

(a) Residence: No. 2524 N Calvert St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 24 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Thomas

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Austin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Elizabeth Cochran (sister)

(Address) 2524 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 17 1937

19. UNDERTAKER Stewart & Brown Company

(Address) 108 W Mt Royal

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to June 15, 1937

I last saw her alive on June 15, 1937. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Immediate

Other contributory causes of importance:

Arteriosclerosis	1935
Hypertension	1935

Was an operation performed? no Date of ...

For what disease or injury? none

Name of operation none

What test confirmed diagnosis? Symptoms. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 16 1937 Huntington Williamsport, Md.

F 36514 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36514

CERTIFICATE OF DEATH

146-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ambassador Apts St., 12 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 8 mos. 0 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Ida Mary Boyd

If U. S. Veteran specify WAR NONE.

(a) Residence: No. Ambassador Apt St., 12 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Oct 6 1861

7. AGE: Years 75 | Months 8 | Days 9 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none | 11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Frederick Maryland

FATHER

13. NAME: Could not ascertain

14. BIRTHPLACE (city or town) (State or country): Could not ascertain

MOTHER

15. MAIDEN NAME: Elizabeth Starvey

16. BIRTHPLACE (city or town) (State or country): Frederick Maryland

17. INFORMANT: Mrs Ethel D Berry (niece)

(Address) 2 Dixie Drive - Towson.

18. BURIAL, CREMATION, OR REMOVAL. Place: Frmt Mount Date: June 16 1937

19. UNDERTAKER: Stewart & Company

(Address) 106 W Monument

20. FILED ..... 19.....

JUN 16 1937 Registrar

Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14, 37

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to June 14 1937

I last saw h alive on June 2 1937 Death is said to have occurred on the date stated above, at 7 30 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Colon x — Date of onset 1935

Duration Two

Other contributory causes of importance: Hypertension

Was an operation performed? Yes Date of 1936 Dec

For what disease or injury Carcinoma Rectum

Name of operation Dr. H. Stone

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C B Gambrill Jr M. D.

(Address) 3408 N. Charles

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36515 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36515

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2447 Maryland Ave. St. 12-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward S. Dawson

If U. S. Veteran specify WAR .....

(a) Residence: No. 2447 Maryland Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonora Akers

6. DATE OF BIRTH (month, day, year) Feb. 10, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Snow Hill, Md.

FATHER

13. NAME Thomas McK. Dawson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Ann Duer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. L.A. Dawson

(Address) 2447 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemy. 6/17/37

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

JUN 15 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 27 to June 14 19 37

I last saw him alive on June 14 19 37 Death is said to have occurred on the date stated above, at 2.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of stomach	Dec 1936

Other contributory causes of importance:

No

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Clinical Examination

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) George M. Little M. D.

(Address) 2435 Maryland Ave

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36516

CERTIFICATE OF DEATH

46-7 F 36516

Registered No. 13-7

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Shaffer

If U. S. Veteran specify WAR

(a) Residence: No. 3815 Kelly Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Shaffer

6. DATE OF BIRTH (month, day, year) Feb 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Lucian Shaffer

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Catherine Moore

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Florence Shaffer

(Address) 3815 Kelly Place

18. BURIAL, CREMATION, OR REMOVAL St Pauls Cemetery Date June 16, 1937

19. UNDERTAKER J Bernard Doll

(Address) 3615 Edmondson Ave

FILED JUN 16 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an injury thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said injury (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectal Carcinoma	

Other contributory causes of importance:

hemorrhage from bowel

Was an operation performed? Yes Date of June 12 '37

For what disease or injury?

Name of operation Colostomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Monge Coroner, M. D.

(Address) 1010 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36517 Setera F 36517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Wolf St. 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Agnes Barbara Setera

If U. S. Veteran specify WAR .....

(a) Residence: No. 305 S. Wolf St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Setera

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Lanczak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Mrs) Anna Landsman (Daughter)

(Address) 305 S. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date June 17, 1937

19. UNDERTAKER John J. Wilkes

(Address) 601 S. Chester St

20. Filed ... 19 ... Registrar

JUN 15 1937 Huntington Millwood, No

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 37

22. I HEREBY CERTIFY, That I attended deceased from June 10. 1937. to June 14. 1937

I last saw h[illegible] alive on June 14. 1937. Death is said to have occurred on the date stated above, at 2.45p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary edema	June 13 37
Bronchio-Pneumonia	June 13 37

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify —

(Signed) A. F. Rees, M. D.

(Address) 24 S Bway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36518

CERTIFICATE OF DEATH X √ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alice Hosford

If U. S. Veteran specify WAR

(a) Residence: No. Linthicum Heights, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Claude L Hosford

6. DATE OF BIRTH (month, day, year) Aug 7, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glen Burnie Grammar School

10. Date deceased last worked at this occupation (month and year) May 14, 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) St. Josephs Mo.

FATHER

13. NAME Geo. Foidell

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Claude L. Hosford

(Address) Linthicum Heights, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Church Date June 17, 37

19. UNDERTAKER Thomas W. Pinglelton

(Address) Glen Burnie, Md.

20. FILED JUN 18 1937 19 Registrar. St. Engstrom Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to June 15, 1937

I last saw her alive on June 15, 1937. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	
Carcinoma of Uterus with Pelvic Metastases	
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 11, 1937

For what disease or injury? Cancer of Uterus

Name of operation Laparotomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gibson L. Wells M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

330 471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36519

36519

CERTIFICATE OF DEATH

✓ 131

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 7-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Bruen

If U. S. Veteran specify WAR

(a) Residence: No. 2722 E. Madison St., Ward. Colon

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced WIFE of BUSBAND of —

6. DATE OF BIRTH (month, day, year) June 11, 94

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick C. Bryan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah C. Boyle

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Friends - JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date June 18/37

19. UNDERTAKER (Address) Chas. E. Mauerhan 115 N. Paca Street

20. FILED 19 Huntington Williams

JUN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13th, 1937 to June 15, 1937

I last saw her alive on June 15th, 1937 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	1929
Other contributory causes of importance:	
hypertension	1934
myocardial failure	2 months ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mitchell Grabwick M. D.

(Address) Johns Hopkins Hospital

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36520

CERTIFICATE OF DEATH

393-E

F 36520

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2614 E. Preston St., 3 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara J. Baker

If U. S. Veteran specify WAR

(a) Residence: No. 2614 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry C. Baker,

6. DATE OF BIRTH (month, day, year) Jan. 31 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Philip Bradley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mr. Henry C. Baker

(Address) 2614 E. Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 18 19 37

19. UNDERTAKER Henry Hood (Inc.), Inc.

(Address) 1301 E. Eager St.

20. FILED Huntington Williams, Registrar.

JUN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY that I attended deceased from June 2, 1937 to June 15, 1937

Last saw h[illegible] alive on June 2, 1937. Death is said to have occurred on the date stated above, at [illegible]

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	2 Days
Acute Myocarditis	2 Days
(Primary)	
Other contributory causes of importance	
Acute Cardiac Dilatation	14 Days

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ruth Rezneka M. D.

(Address) 700 N. Adams St. Balto.

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36521

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36521

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial 128-3 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Leitch

If U. S. Veteran specify WAR .....

(a) Residence: No. 250 Pickwick Rd St., ... Ward. Dickeyville Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Clabaugh Leitch

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Agnes Deitz

16. BIRTHPLACE (city or town) (State or country) Rochester Penna.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 16 1937

19. UNDERTAKER: Williams & Tuckner + Sons

(Address) North + Penna Ave.

20. FILED JUN 16 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to June 16, 1937

I last saw h.. alive on June 16, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Cogill Dea M. D.

(Address) Union Memorial Hosp

INFORMATION: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36522

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Reisterstown Road St. 15-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Carolyn Johnson

(a) Residence: No. 2800 Reisterstown Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Ennis C. Johnson

6. DATE OF BIRTH (month, day, year) Dec 18th 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Schieck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Roth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Ennis C. Johnson
(Address) 2800 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date June 16th 1937

19. UNDERTAKER for J. Ingerman & Sons
(Address) Inc.

20. FILED JUN 16 1937 Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-10-29 to 6-14-1937

I last saw her alive on 6-13-1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	Indefinite

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Isaac B. Sybert M. D.

(Address) 2802 Harford Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36523 Magruder ✓ F 36523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 N Eden St. 10-W Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie McGruder

(a) Residence: No. 920 N Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Johnson

6. DATE OF BIRTH (month, day, year) Sept 18-1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mordecia McGruder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Matilda Denby

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Lauren Baldwin
(Address) 920 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Lahay Date 6/18/37

19. UNDERTAKER Ruff & Hallowell
(Address) 1515 Pennsylvania Ave

20. FILED JUN 15 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1937 to June 14, 1937

I last saw h alive on June 14, 1937 Death is said to have occurred on the date stated above, at 7:10 p m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset June 6 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) George E. Allen M. D.

(Address) 504 Linganore St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1269-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36524

CERTIFICATE OF DEATH

53D F 36524

Registered No.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5601 South Bend Rd. St. 21-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Justus

(a) Residence: No. 5601 South Bend Rd. Mt. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nate Thurlow Weed Justus

6. DATE OF BIRTH (month, day, year) June 10, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Samuel C. White

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Matilda Terry

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mr. Allen L. Justus

(Address) Marietta, Ohio.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 15, 1937

19. UNDERTAKER [illegible]

(Address) 4101 Rhondeau Ave.

N 16 1937 Huntington Williams & Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to June 14 1937

I last saw h[illegible] alive on June 14 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Ovaries	1935

Other contributory causes of importance:

Secondary Sarcoma of Lung	1937

Name of operation Amputation of Leg Date of Jan 1937

What test confirmed diagnosis? [illegible] an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Samuel M. D.

(Address) 4309 Roland Ave.

E 36525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36525

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4013 Bateman Ave. St. 15-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Kenah McGann

If U. S. Veteran specify WAR .....

(a) Residence: No. 4013 Bateman Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Brook McGann

6. DATE OF BIRTH (month, day, year) July 17, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Savage, Md.

FATHER

13. NAME Henry J. Kenah

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Orme

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Elizabeth O. McGann, 4013 Bateman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland, Md. Date 6/24/37

19. UNDERTAKER Chas. O. Mitchell Sons (Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar

JUN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14/37

22. I HEREBY CERTIFY, That I attended deceased from February 19 30 to June 14 19 37

I last saw him alive on June 14 19 37. Death is said to have occurred on the date stated above, at 9½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Arthritis (multiple)	1922
Arteriosclerotic C-V- Disease	Unknown
Chronic cystitis	1930
Chronic nephritis	Unknown

Other contributory causes of importance:

Uremia June 1937

Was an operation performed? No Date of N.A.

For what disease or injury? Not applicable

Name of operation Not applicable

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Not applicable

(Signed) Thomas E. Wolff M. D.

(Address) 11 E. Chase St.

Dr. Wolfe

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36526

CERTIFICATE OF DEATH

15561 89-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Adams

If U. S. Veteran specify WAR

(a) Residence: No. 1065 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-4-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Okla.

FATHER

13. NAME Eddie Adams

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Louise King

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUN 16 1937 19
Commissioner of Health

19. UNDERTAKER
(Address) Per S. A. Coon

20. FILED JUN 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30 1936 to 6-11 1937

I last saw him alive on 6-11 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	3 days
Other contributory causes of importance: Cerebral Hemorrhage (Old)	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 16 1937

3294 H

E 36527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36527

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 13-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marguerita Searing

If U. S. Veteran specify WAR

(a) Residence: No. 2275 Reisterstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ashland, Va.

FATHER

13. NAME Frederick Foltz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magdeline Arthur

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 17th 1937

19. UNDERTAKER Leo J. Brough
(Address) 1705 N. Eutaw Park Ave

20. FILED JUN 16 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937, to June 16, 1937

I last saw h[illegible] alive on June 16, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis heart disease	6-7-37
Bronchopneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. C. DeLaville, M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JN 16 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

36528 F 36528

CERTIFICATE OF DEATH 24194--EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-1 62 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Magreter If U. S. Veteran specify WAR

(a) Residence: No. 1403 E. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pinkney Magreter

6. DATE OF BIRTH (month, day, year): 7-5-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9 11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: James Skinner

14. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

MOTHER

15. MAIDEN NAME: Amanda Fuller

16. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cahery Ceme Date 6-16-37

19. UNDERTAKER Bryson & Francis M. Wright
(Address) 218 N. Eden Street

20. FILED JUN 16 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-6-1937 to 6-12-1937

I last saw h[illegible] alive on 6-12-1937 Death is said to have occurred on the date stated above, at 3:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	1mth
Other contributory causes of importance: Chronic Alcoholism	1mth

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

✓ F 36529

F 36529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Presstman St. 16-7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hamilton Caughey

If U.S. Veteran specify WAR ....

(a) Residence: No. 3221 Presstman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabelle Collins Caughey

6. DATE OF BIRTH (month, day, year) Aug 16, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Burner Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME John H. Caughey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth McMahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. J. H. Caughey

(Address) 3221 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date June 17 37

19. UNDERTAKER Margrel & Thomas

(Address) 1422 Light St

Huntington Williams, Inc.

FILED JUN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1932 to June 14 1937

I last saw h[illegible] alive on about June 2 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Alex A Weinstock M. D.

(Address) 4603 Park Heights Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36530

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Lutheran Deaconess Home

CITY OF BALTIMORE: (No. 2500 W North ave St., 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hubert Mary Hattinanger

If U. S. Veteran specify WAR .....

(a) Residence: No. 2500 W North ave St., 15 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 7 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deaconess 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lutheran Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Columbia South Carolina

FATHER

13. NAME Jno Hattinanger

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Tenney ?

16. BIRTHPLACE (city or town) (State or country) Columbia South Carolina

17. INFORMANT Rev. Frederick Gift
(Address) 2500 W North ave

18. BURIAL, CREMATION, OR REMOVAL. South Carolina
Place Columbia S. C. Date 6-18 1937

19. UNDERTAKER J. B. Shubert & Son
(Address) 300 Eutaw Place

20. FILED ..... 19 ..... Registrar.

JUN 16 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1937 to 6/15 1937

I last saw her alive on 6/14 1937 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (myocardial insufficiency)	5/17/37
Other contributory causes of importance: Hypostatic pneumonia.	6/10/37

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation None

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George A Baxter M. D.

(Address) 1507 E. North ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36531

CERTIFICATE OF DEATH

F 36531

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3823 Hait Ave St. (No.) 26-9 (Ward)

Length of residence in city or town where death occurred 68 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Platt

(a) Residence: No. 3823 Hait ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Sept. 12, 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 - 67	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Herman Platt

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Dembrow

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary Rupp

(Address) 2820 Hait Ave

18. BURIAL, CREMATION, REMOVAL

Place St. Paul's Date 6/17 1937

19. UNDERTAKER Richard F. Cleary & Son

(Address) 1341 Guilford Ave, Baltimore, Md.

Registrar

JUN 16 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to June 14 1937

I last saw him alive on June 14, 1937 Death is said to have occurred on the date stated at 1½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6/3/37
Coronary sclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Samuel A. Belgorod M. D.

(Address) 3507 Fait Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Grave #20

F 36532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36532

CERTIFICATE OF DEATH

174

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 3-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Lester Conly

(a) Residence: No. 1734 South St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Northeastern Police Station

(Address) Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place PUBLIC CEMETERY Date JUN 16 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per J. A. Bono

20. FILED JUN 16 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab Wound of Chest	

Other contributory causes of importance:

Septicemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of Injury 5/31, 1937

Where did Injury occur? ? Balto, Md.

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place On Street

Manner of Injury Stabbed in chest with

Nature of Injury a table knife

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenher, M. D. Coroner

(Address) 1912 E. North Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 16 1937

E 36533

HEALTH DEPARTMENT—CITY OF BALTIMORE

36533

CERTIFICATE OF DEATH

X 121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospt St. 25-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas J Coyle

(a) Residence: No. 4 Wade Ave Catonsville Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Coyle

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Patrick Coyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hayes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jas Edward Waddicamp

(Address) 4 Wade Ave

18. BURIAL, CREMATION, OR REMOVAL Date 6/18 37

Place Calvert Cem

19. UNDERTAKER Geo A Fuhrman

(Address) Frederick Md

19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12-, 1937, to 6/15, 1937

I last saw him alive on 6-15, 1937. Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritonitis	6-9-37
Ruptured appendix	6-11-37
Other contributory causes of importance:	
Senility	1937

Was an operation performed? yes. Date of

For what disease or injury? Appendicitis

Name of operation appendectomy attempted Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M Parr M. D.

(Address) St Agnes Hospital

N 16 1937

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36534

F 36534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Wyandotte Ave St., 9-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Amelang

If U.S. Veteran specify WAR Yes Record

(a) Residence: No. 604 Wyandotte Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Josephine A. Amelang

6. DATE OF BIRTH (month, day, year) May 16, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME ? Amelang

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph B. Shurkey

(Address) 113 Wrotham Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 18 37

19. UNDERTAKER Wilhelm Leopold

(Address) 1217 St Paul St

JUN 17 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937 to June 16, 1937

I last saw him alive on June 15, 1937 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Senile

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Paralysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) W H Pearce, M. D.

(Address) 2105 Eutaw St

INFORMATION should be carefully supplied. ALL spaces to be filled EXCEPT: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36535

F 36535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Echodale Ave St. 27-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert J. Johnson

If U.S. Vet. specify WAR No Record

(a) Residence: No. 3903 Echodale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22, 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm Burkie

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry M Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susanda M King

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry M Johnson
(Address) 3903 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date June 19 1937

19. UNDERTAKER William Lloyd
(Address) 1217 St Paul St

20. FILED 19 [illegible]

UN 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to June 16, 1937

I last saw h[illegible] alive on June 16, 1937. Death is said to have occurred on the date stated above, at 12 10 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Occ Thrombosis

Date of onset 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 94 E Lafayette Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36536 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36536

CERTIFICATE OF DEATH

192-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N. Luzerne Ave., 12th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Mueller

If U. S. Veteran specify WAR .....

(a) Residence: No. 603 N. Luzerne Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Mueller

6. DATE OF BIRTH (month, day, year) 9/12-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Friedrich L. Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catharine Werner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Mueller
(Address) 603 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Ballo Cem. Date June 18, 1937

19. UNDERTAKER John Ulrich
(Address) 2222 Eutaw Pl.

20. FILED ..... 19..... Registrar.

JUN 17 1937 Washington Hollowell, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 12, 1930 to June 15, 1937.

I last saw h..... alive on June 14, 1937. Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	1930
Chronic Myocarditis	"
Angina Pectoris	1933
Coronary Occlusion 6-12-37.	

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas. E. Digswald, M. D.

(Address) 1615 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36537

HEALTH DEPARTMENT—CITY OF BALTIMORE

36537

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4328 Arabia Ave St.) 27 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Schmidt

If U. S. Veteran specify WAR

(a) Residence: No. 4328 Arabia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Schmidt

6. DATE OF BIRTH (month, day, year) Aug 14 - 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Herman Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Schmidt

(Address) 4328 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date June 17 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Eden St

20. FILED JUN 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14. 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1937 to June 14 1937

I last saw him alive on June 6 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arter Sclerosis	2 yrs
Chronic Int. Nephritis	6 mos
Other contributory causes of importance:	
Asthma & Emphysema	2 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Ward M. D.

(Address) 176 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36538

36538 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4813 Pennington St. 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence M Kesterson

If U. S. Veteran specify WAR

(a) Residence: No. 4813 Pennington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin Kesterson

6. DATE OF BIRTH (month, day, year) Mar 2 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Oliver Joynes

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Hudgins

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Edwin M Kesterson

(Address) 3427 E Pratt

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthews Cem State Md 1937

19. UNDERTAKER John Grenet

(Address) 2008 Eutaw

20. FILED , 19 Registrar.

JUN 7 1937 Huntington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937 to June 14, 1937

I last saw her alive on June 14, 1937 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus with metastasis to lung and liver	
Other contributory causes of importance: Secondary Anemia due to Vaginal Bleeding	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Lubin, M. D.

(Address) 320 Cathedral

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36539

HEALTH DEPARTMENT—CITY OF BALTIMORE

36539

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. Ward 7)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Mrs.) Elizabeth Hills Wallace — if U. S. Veteran specify WAR None

(a) Residence: No. Round Bay St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Lt.-Commander William Wallace

6. DATE OF BIRTH (month, day, year) Sept. 11, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year) June 1935 — 11. Total time (years) spent in this occupation 1 yrs.

12. BIRTHPLACE (city or town) Paducah (State or country) Kentucky

FATHER

13. NAME Walter Fitzgerald Hills

14. BIRTHPLACE (city or town) Franklin (State or country) Michigan

MOTHER

15. MAIDEN NAME Eliz. Whitfield

16. BIRTHPLACE (city or town) Flint (State or country) Michigan

17. INFORMANT Mrs. Lucy M. Pray (Cousin)
(Address) Severna Park Md.

18. BURIAL, CREMATION, OR REMOVAL Va.
Place Arlington Nat'l Date June 18 1937

19. UNDERTAKER Stewart Morgan Company
(Address) 28 W. North Ave

20. FILED JUN 17 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to June 15, 1937

I last saw her alive on June 15 1937 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	6/13
Postoperative Shock	6/14
Myocardial failure	6/15

Other contributory causes of importance:

Was an operation performed? Yes Date of June 14, 1937

For what disease or injury? Acute Cholecystitis

Name of operation Cholecystectomy

What test confirmed diagnosis? 0 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Philip R. Franklin M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36540

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ... St. ... Ward) 24

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 4 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME E. Howard

If U. S. Veteran specify WAR ...

(a) Residence: No. ... St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Howard

6. DATE OF BIRTH (month, day, year) Jan. 28 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Marshall

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Frank Howard

(Address) 711 Harvey St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 18 37

19. UNDERTAKER John J. Denny

(Address) 715 Light St

20. FILED ... Registrar.

JUN 17 1937

Lington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-9-37, 19... to 6-16-37, 19...

I last saw h... alive on 6-15-37, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Congestion	
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) ... M. D.

(Address) ...

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36541

1. PLACE OF DEATH Union Memorial Hosp

CITY OF BALTIMORE: (No. 1 E. 33rd St. Ward 12-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME SAMUEL HENRY ABKEN If U. S. Veteran specify WAR .....

(a) Residence: No. Manchester, Md St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E Abken

6. DATE OF BIRTH (month, day, year) May 12, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sugar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Abken

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lecretia Sellers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie E Abken (Address) Manchester Md

18. BURIAL, CREMATION, OR REMOVAL Place Manchester Md Date 6-19 1937

19. UNDERTAKER Earl of Wm Kis Sons (Address) Manchester Md

20. FILED JUN 17 1937 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/37

22. I HEREBY CERTIFY, That I attended deceased from 5/5, 1937, to 6/16, 1937

I last saw h[illegible] alive on 6/16, 1937 Death is said to have occurred on the date stated above, at 8:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage Liver trophy of prostate	1934-5
Other contributory causes of importance: Abscess of prostate	5/21/37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? cystoscopy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L Clagett Bailey M. D.

(Address) Union Memorial Hosp

Information asked for should be given by physician. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36542

CERTIFICATE OF DEATH

J 93-e

F 36542
Registered No.

1. PLACE OF DEATH 216 E 23d
CITY OF BALTIMORE: (No. 216 E 23d St. 12-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Starkey Aline Jarette
If U. S. Veteran specify WAR

(a) Residence: No. 216 E 23d St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Starkey

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Mobile

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Archer Cochran
(Address) 220 Aisquith

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/17 1937

19. UNDERTAKER Williams & Jackson
(Address) 916 Pennsylvania Ave

JUN 17 1937 Lexington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation No Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Dalpha A Evans M. D.
Attending Physician or Coroner
(Address) 612 N 40 St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

24415 EB

F 36543

F 36543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 9-4 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles Wilhelm

If U. S. Veteran specify WAR .....

(a) Residence: No. 516 E. 27th St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1865 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Wilhelm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Winter Cem. Date 6/14/37

19. UNDERTAKER 328 Hartsdale Ave. Frank Forster

(Address)

20. FILED ..... 19..... Registrar.

JUN 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1937 to 6-16, 1937

I last saw h.. alive on 6-16, 1937 Death is said to have occurred on the date stated above, at 8:33 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 mo
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36544

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 267 East St. 5-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Bruker

If U. S. Veteran specify WAR .....

(a) Residence: No. 267 East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Bruker

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Wolf Levin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lee Bruker

(Address) 2846 Hadford Rd

18. BURIAL, CREMATION, OR REMOVAL Loudon Hill Cem. 6/17/37

19. UNDERTAKER Jack Levine

(Address) 1439 E. Balto St

20. FILED ....., 19.... Registrar.

N 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to June 17, 1937

I last saw her alive on June 17, 1937 Death is said to have occurred on the date stated above, at 5:12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Other contributory causes of importance: Arterio sclerosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isidor L. Levy, M. D.

(Address) 2324 Eutaw Place

Eutaw Pharmacy, Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36545

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins & Caton Ave St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Alice Perrier

If U. S. Veteran specify WAR

(a) Residence: No. 811 Uhetta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	white	Married

5a. If married, widowed, or divorced (or) WIFE of Joseph Perrier

6. DATE OF BIRTH (month, day, year) 11/7/1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Leo Merrick

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Clara Way

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Joseph Perrier
(Address) 811 Uhetta Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6/15, 1937

19. UNDERTAKER Edw. J. McDade
(Address) 537 Fremont Ave

19. FILED 19

UNDERTAKER'S LICENSE NO. 1937 Washington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1937, to 6-15-, 1937

I last saw h alive on 6-15-, 1937. Death is said to have occurred on the date stated above, at 5.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	6-15-37
Coma	
Other contributory causes of importance: Arteriosclerosis & hypertension	3-1937

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. H. Carr, M. D.

(Address) St. Agnes Hospital

Information should be carefully supplied. Note should be taken that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hubert Collett

F 36546 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 a F 36546

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Division St. 14 - 2 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hosteen Pollett.

If U.S. Veteran specify WAR ...

(a) Residence: No. 1424 Division St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Ch.	Married

5a. If married, widowed or divorced RUSBAND of (or) WIFE of Rebecca Pollett.

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shampoo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ch. Pa.

FATHER

13. NAME Austin Pollett.

14. BIRTHPLACE (city or town) (State or country) K. Pa.

MOTHER

15. MAIDEN NAME Ashworth

16. BIRTHPLACE (city or town) (State or country) Ashworth

17. INFORMANT (Address) Rebecca Collett 1424 Division St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 6/18 1937

19. UNDERTAKER William A Jackson (Address) 1116 Panama Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936 to 6/16/37, 19

I last saw alive on 6/15/37 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: —	

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury 6/15/37, 19

Where did injury occur? Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Automobile

Nature of Injury Cerebral Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. Lee Ellis M. D.

(Address) 527 North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN. 7 1937

F 36547

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36547

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. 210-M

CITY OF BALTIMORE: (No. ..... St. 12 - Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Randall — If U. S. Veteran specify WAR.

(a) Residence: No. 3306 Brentwood Ave St. Ward Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/14-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Randall

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Good

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Randall
(Address) 3306 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt Calvary Cem. Date June 17 1937

19. UNDERTAKER F. H. Wilson Estate - daughter
(Address) 1129 N. Carolina St

19. FILED JUN 17 1937 Harrington Williams, M. D. Registrar.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14 - 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fractured skull	6/11/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/11 1937

Where did injury occur? On 33d - W of Brentwood
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Struck by car after running

Nature of injury Fracture 2 ribs.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Gundry Coroner, M. D.

(Address) 907 N Charles St

INFORMATION should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36548

CERTIFICATE OF DEATH

✓ 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 S Pulaski St. 13-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Ruth Hannah Silbert

If U. S. Veteran specify WAR

(a) Residence: No. 2219 Whittier ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isidore

6. DATE OF BIRTH (month, day, year) April 5 1909

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
28	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Morris Rosenthal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esther Perlman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isidore Silbert
(Address) 2219 Whittier

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Washington Co. Date June 17 1937

19. UNDERTAKER Sol Levinson & Bros
(Address) 1121 E Balto st

20. [illegible] ..... 19....
Registrar.

UN 17 1937

Washington Multnomah, Ore.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7 19... to June 16 1937

I last saw h... alive on June 15 1937. Death is said to have occurred on the date stated above, at 10 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pyelo-Nephritis	1/42
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Kennard M. D.

(Address) 1934 W Lexington ave

Information should be correctly supplied. Age should be stated in years. If under 1 year state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36549

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sant Boots Co. Hosp, St. 2423 Ward) 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mr William Hogan

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 East Cross St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
abt	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Shipco.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eng.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Marshall

(Address) 118 E Cross

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 6/17/37

19. UNDERTAKER Graham & Sons

(Address) 218 Light.

6/17/1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-11-37, 19..... to 6-15-37, 19.....

I last saw h..... alive on 6-15-37, 19..... Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Sepsis Pneumonia	6-6-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Unknown Local, M. D.

(Address) Sant Boots Co Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 36550

E 36550 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Osborne

If U. S. Veteran specify WAR .....

(a) Residence: No. 622 W. Fayette St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Not known

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 17 1937 19

19. UNDERTAKER .....

(Address) .....

19 JUN 17 1937

Commissioner of Health

Per L. L. Boyd

Huntington Williams Deputy

$25.00

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon, and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Mis

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poison Alcohol	
(Drinking Denatured Alcohol)	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? 622 W Fayette St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) H. C. Weber Coroner, M. D.

(Address) 3737 Greenmount Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36551

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Alicean 2-3 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. ... If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Coushen (or Cousler)

If U. S. Veteran specify WAR ...

(a) Residence: No. 1916 Alicean St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bernard

7. DATE OF BIRTH (month, day, year): Unkn

8. AGE: Years: about 60; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: housewife

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unkn Virginia

FATHER

13. NAME: Unkn Morgan

14. BIRTHPLACE (city or town) (State or country): Unkn

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Bernard Coushen

(Address) 1916 Aliceanna St

18. BURIAL, CREMATION, OR REMOVAL

Place: UNIVERSITY MEDICAL SCHOOL Date: JUN 17 1937

Commissioner of Health

19. UNDERTAKER: P. W. & Sons

(Address) ...

...

JUN 17 1937

VS 6

3296

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereof and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance: Chronic alcoholism	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. M. Wright, M. D.

(Address) 1010 S. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36552

F 36552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Miller

(a) Residence: No. 713 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT .....

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL UNIVERSITY MEDICAL SCHOOL JUN 17 1937 19

Place Commissioner of Health

19. UNDERTAKER For E. A. Beard

(Address) .....

20. FILED JUN 17 1937 19 E. Lester Firor Registrar

21. 3297

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gave tuberculosis (pulmonary)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Evans M.D. 1/2 W. 40th St M. D.

Coroner

Paul N. Wright, M.D., Coroner

1010 S. Stricker St.

JUN 17 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 36553

F 36553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbie M.O.T.Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. Ellicott City Howard Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexis S.Williams

6. DATE OF BIRTH (month, day, year) Dec. 18, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N.W.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) N.Y.
(State or country)

FATHER

13. NAME Herbert Taylor

14. BIRTHPLACE (city or town) N.Y
(State or country)

MOTHER

15. MAIDEN NAME Caroline Herbert

16. BIRTHPLACE (city or town) N.Y.
(State or country)

17. INFORMANT Alexis Williams
(Address) Ellicott City

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date June 15, 1937

19. UNDERTAKER Easton Jones
(Address) Ellicott City

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T. F. Graham, M. D.
Coroner

(Address) 27 S. Howard St.

JUN 17 1937

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36554

117-a

1. PLACE OF DEATH Bon Secours Hosp. Registered No.

CITY OF BALTIMORE: (No. Baltimore St., 21st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur M. Siegk — If U. S. Veteran specify WAR

(a) Residence: No. 521 Nottingham Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Isabelle Siegk

6. DATE OF BIRTH (month, day, year) November 14, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Actuary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) Garrison Forest, (State or country) Balto. County, Md.

FATHER

13. NAME John Siegk

14. BIRTHPLACE (city or town) Saxony (State or country) Germany

MOTHER

15. MAIDEN NAME Adeline Stoever

16. BIRTHPLACE (city or town) Hamburg (State or country) Germany

17. INFORMANT Mrs. Mary Isabelle Siegk (Address) 521 Nottingham Road

18. BURIAL, CREMATION, OR REMOVAL

Place Garrison Forest Date June 18 19 37

19. UNDERTAKER J. D. Block (Address) 1005 E. Baltimore St.

20. FILED JUN 17 1937 Walter A. Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to June 16 1937

I last saw h[illegible] alive on June 16 1937 Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic Ulcer	4-1-37
Other contributory causes of importance: Senile Hemorrhage	6-13-37

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eamon J Kemp M. D.

(Address) Bon Secours Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36555

154

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Agnes' Hospital
CITY OF BALTIMORE: (No. Helena + Caton Aves. St., 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Master Earl Barry

(a) Residence: No. 312 N Green St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	2	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stony Run, A.A.Co. Maryland

FATHER
13. NAME James Barry
14. BIRTHPLACE (city or town) (State or country) Salisbury Maryland

MOTHER
15. MAIDEN NAME Martha Parrish
16. BIRTHPLACE (city or town) (State or country) Woodbine, Howard Co. Maryland

17. INFORMANT Mr. James Barry
(Address) Old Washington Rd., Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Carol Cem. Date June 18 19 37

19. UNDERTAKER Jos Block
(Address) 1005 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14- 1937 to 6-16- 1937
I last saw him alive on 6-15- 1937 Death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Osteomyelitis, left tibia. — Date of onset 6/12/37

Other contributory causes of importance: Septicemia — 6/14/37

Was an operation performed? Yes Date of 6/14/37
For what disease or injury? Osteomyelitis, Tibia, Left
Name of operation Trephining of Tibia.
What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Joseph M. Cordi M. D.
(Address) St. Agnes' Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B. 7 1937

A H

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36556 — CERTIFICATE OF DEATH — 24403 JS — 59 F 36556

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 15-1 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elsie Williams — If U. S. Veteran specify WAR ____

(a) Residence: No. 1322 N. Calhoun St. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Waverly Williams

6. DATE OF BIRTH (month, day, year) 5-11-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	37	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Jolly Edwards

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Dinah Mercer

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address) ____

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 17 1937

19. UNDERTAKER Chas. E. Hartman
(Address) 1302 Pennsylvania Ave

JUN 17 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1937 to 6-16 1937

I last saw h[illegible] alive on 6-16 1937 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured tubo-ovarian abscess	?
	?
	ovar
Other contributory causes of importance: Diabetes Mellitus	?

Was an operation performed? NO Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify ____

(Signed) Edw. Krantegan M. D.

(Address) Baltimore City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36557

HEALTH DEPARTMENT—CITY OF BALTIMORE

36557

CERTIFICATE OF DEATH

93-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4712 Roland Ave. St. 27-14 Ward)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Merritt Lowe

(a) Residence: No. 4712 Roland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Lowe

6. DATE OF BIRTH (month, day, year) 11/22/65

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elkton, Md.

FATHER

13. NAME James P. Merritt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Joanna White

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mr. John W. Lowe, 4712 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. 6/19/37

19. UNDERTAKER (Address) John O. Mitchell & Sons, 1900 Eutaw Place

20. FILED JUN 17 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/37, 19

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1937, to June 16, 1937

I last saw her alive on June 16, 1937. Death is said to have occurred on the date stated above, at 10-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
→ Pulmonary tuberculosis	6-37
Chronic Nephritis	4-35
Acute Cystitis	1-1-35
Other contributory causes of importance: Senile arterio-sclerosis	—

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M. Gibson Foster, M. D.

(Address) 4822 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36558

CERTIFICATE OF DEATH

X 12-6131

1. PLACE OF DEATH U. S. Marine Hospital, Balto. Md. Registered No.
CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME Ira Buckson
(a) Residence: No. 68 N. Laurel St., Bridgeton, St. Ward New Jersey
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emily Mallin

6. DATE OF BIRTH (month, day, year) November 27, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 5-5-37
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Lipstick Del.

FATHER
13. NAME Jarvis Buckson
14. BIRTHPLACE (city or town) (State or country) Lipstick, Del.

MOTHER
15. MAIDEN NAME Rebecca Brown
16. BIRTHPLACE (city or town) (State or country) Platburg, Del.

17. INFORMANT Records- U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Bridgeton N.J. Date June 20, 1937

19. UNDERTAKER John B. Stingus (Address) 115 Light St.

20. FILED JUN 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937 to June 17, 1937
I last saw h.im. alive on June 17, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, interstitial, chr.	Nov. 1936
Pneumonia, lobular	6-8-37
Senility, atheromatous	--
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6-17-37
For what disease or injury? For diagnosis.
Name of operation Spinal puncture.
What test confirmed diagnosis? Cl. Fdg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. B. F. Anderson, M. D.
T. B. F. Anderson
(Address) Medical Officer in Charge.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36559

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36559

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Light St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds. If U. S. Veteran (Specify War)

2. FULL NAME Mrs Catherine Weston Mont Gomery

(a) Residence: No. 827 N. Chas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of L. L. Montgomery

6. DATE OF BIRTH (month, day, year) May 16, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Nathan Worton

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Penna

MOTHER

15. MAIDEN NAME Margaret Williams

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Penna

17. INFORMANT Jno C. W. Worton
(Address) 827 N Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/8/37

19. UNDERTAKER Wilson & Co
(Address) 1217 St Paul St

FILED JUN 11 1937 H. Eugene Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1937, to June 16, 1937.

I last saw h. alive on June 16, 1937. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Cardio Vascular disease	1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Grayson M. D.

(Address) 827 N Charles St

OCCUPATION is very important. See instructions on back of certificate.

F 36560

36560 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

EF 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME George Kestner

(a) Residence: No. 1208 Franklin Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 6-18 1937

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1318 Light St

19. FILED 19 Registrar.

N 17 1937 Washington Wilkins, MD

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1927 to 6-14 1937

I last saw h.[illegible] alive on 6-14 1937 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36561

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Park Ave St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 6 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME OCTAVIA AMELIA DALLAM

If U. S. Veteran specify WAR

(a) Residence: No. 1529 PARK AV. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School (Public)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME JOSEPH WORTHINGTON DALLAM

14. BIRTHPLACE (city or town) (State or country) DEER CREEK HARFORD CO MD.

MOTHER

15. MAIDEN NAME OCTAVIA GOUGH

16. BIRTHPLACE (city or town) (State or country) BEL AIR MD

17. INFORMANT JOHN E. DALLAM

(Address) BEL AIR MD.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 18 1937

19. UNDERTAKER Kenny W. Jenkins & Son Co

(Address) McCulloh & Richard Sts.

20. FILED 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to June 16 1937

I last saw h. Ev alive on June 16 1937 Death is said to have occurred on the date stated above, at 6 15 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion -	June 15
Arteriosclerosis -	?

Other contributory causes of importance:

Was an operation performed? No — Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) Chas. W. Lamed M. D.

(Address) 327 Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

10.

F 36562

36562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women Hospital St. 14-1 Ward)

Length of residence in city or town where death occurred ## yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Caroline Cullen

(a) Residence: No. Ruxton, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, ~~divorced~~ (or) WIFE of: John Cullen

6. DATE OF BIRTH (month, day, year): Nov. 12, 1870

7. AGE: Years 66 ~~67~~ Months 7 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Louisville, Ky.

FATHER

13. NAME: Patricke Shields

14. BIRTHPLACE (city or town) (State or country): U. S. A.

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Mrs. Dorothy Matthai (Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL: Hollywood Cem. Place Richmond Va Date June 18 1937

19. UNDERTAKER: Henry W. Jenkins' Sons (Address) McCulloh & Orchard Sts

FILED JUN 17 1937 19 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to June 17, 1937

I last saw her alive on June 17, 1937. Death is said to have occurred on the date stated above, at 11:38 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis — Date of onset: over

Other contributory causes of importance:

Uremia with anasarca.

Was an operation performed? No Date of

For what disease or injury? No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Mary Dandoske, M.D.

(Address) Women's Hospital, Baltimore.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36563 ✓ F 36563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 Dukeland St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie C. Allen

If U.S. Veteran specify WAR No Record

(a) Residence: No. 440 N. Fremont St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of XXXXX

6. DATE OF BIRTH (month, day, year) June 30 about 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 80	9 11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year) June 11, 1937

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John H. Allen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Amanda Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Clara M. Boone

(Address) 1219 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date June 19 1937

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St.

FILED JUN 18 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 17 1937

last saw her alive on June 17 1937 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3 wks
	9 D
Other contributory causes of importance:	
Acute cardiac dilatation	1 day
	9 D

Was an operation performed? no Date of

For what disease or injury?

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signature) Benjamin Miller M. D.

(Address) 203 Wilkens Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36564 # 24316 B Line ✓ F 36564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Left yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Peter Lins

(a) Residence: No. 1007 Burgundy St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married (separated)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 5-25-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Henry Lins

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Catherine Hook

16. BIRTHPLACE (city or town) Pa.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 19th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 13 1937 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-1937

I HEREBY CERTIFY, That I attended deceased from 6-10-1937 to 6-16-1937

I last saw him alive on 6-16-1937 Death is said to have occurred on the date stated above, at 2.22 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Gall Bladder	3 wks
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) John J. Carney M. D.

(Address) Baltimore City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36565 E 36565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nancy Landers

If U.S. Veteran specify WAR No Record

(a) Residence: No. Snow Hill, Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed or divorced~~ (or) WIFE of Arthur E. Landers

6. DATE OF BIRTH (month, day, year) Oct 3rd 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Arthur E. Landers Jr

(Address) 3213 Fairing

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date June 19th 1937

19. UNDERTAKER Wm Cook

(Address) 207 St Paul St

[illegible] Huntington Williams, M.D.

Coroner.

JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-15- 1937 to 6-17- 1937

I last saw h[illegible] alive on 6-17- 1937 Death is said to have occurred on the date stated above, at 3:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neuro fibroma of brain. Carcinoma of left breast.	

Other contributory causes of importance:

Myocardial failure

Was an operation performed? Yes Date of 6-2-37 6-15-37

For what disease or injury? Neuro fibroma of brain & Cancer of left breast

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams Jr. M. D.

(Address) Maryland General Hospital

Information should be complete, accurate and legible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 36566 Homrighausen HEALTH DEPARTMENT—CITY OF BALTIMORE F 36566

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5112 Edmondson Ave. S. 28-L Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Augusta C. Homrighausen~~

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5112 Edmondson Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Homrighausen

6. DATE OF BIRTH (month, day, year) July 1, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Koch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Kessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles McLaughlin

(Address) 5112 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6-19-37

19. UNDERTAKER Wilhorn & Son

(Address) 1217 E Fayette

20. FILED JUN 19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1937 to June 17, 1937

I last saw h[illegible] alive on June 16, 1937. Death is said to have occurred on the date stated above, at 8:04 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1936
Arteriosclerosis	1931
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G W Billings, M. D.

(Address) 2224 W. Lanvale

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36567 E 36567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3621 Edmondson Ave. St., 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. G. Wood

If U. S. Veteran specify WAR

(a) Residence: No. 3621 Edmondson Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ezekiel C. Wood

6. DATE OF BIRTH (month, day, year) Jan. 22, 1876.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owings Maryland

FATHER

13. NAME John James Grover

14. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

MOTHER

15. MAIDEN NAME Elizabeth C. Stevens

16. BIRTHPLACE (city or town) (State or country) Mt. Harmony Maryland

17. INFORMANT Mrs. Mabel Wood Worthman

(Address) 3621 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Harmony, Md. Date June 18, 1937

19. UNDERTAKER W. H. Hutchins

(Address) Owings, Maryland.

20. FILED Washington, D.C. JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to June 15, 1937

I last saw h.. alive on June 15, 1937 Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-9-37
Other contributory causes of importance: Diabetis Mellitis	?

Was an operation performed? No Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) George E. Wiring, M. D.

(Address) 4000 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

36568 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36568

CERTIFICATE OF DEATH

149-B-95B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 27-12 Ward) Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Tobyh Held If U. S. Veteran specify WAR

(a) Residence: No. 2707 Spring Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Held

6. DATE OF BIRTH (month, day, year) May 27/1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year) June 11, 1937

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto City Md

FATHER

13. NAME Hyman Shrum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ray Hoeman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Tobyh Held. (Address) 2707 Springhill Ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Sanctuary Date June 15 1937

19. UNDERTAKER Fob Levinson & Bros (Address) 111 E Balto St

20. FILED JUN 16 1937 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, to June 17, 1937

I last saw h.e.r. alive on June 17, 1937. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio Vascular disease	
Other contributory causes of importance: Cardiac failure	

Was an operation performed? Yes Date of June 12, 1937

For what disease or injury? Childbirth

Name of operation Low forceps Elective Perineorrhaphy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mary J. Nicholson M. D.

(Address) University Hosp

Date CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION in every case, and if a woman, whether married, widow or spinster. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

F 36569

F 36569 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 Hanover St. St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sanford Taylor Jackson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1321 Hanover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Ella C. Jackson.

6. DATE OF BIRTH (month, day, year) March 28, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Daniel Jackson.

14. BIRTHPLACE (city or town) (State or country) Indiana.

MOTHER

15. MAIDEN NAME Mahalda Cox.

16. BIRTHPLACE (city or town) (State or country) Indiana.

17. INFORMANT Ella C. Jackson. (wife)

(Address) 1312 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Nat. Cem. Date 6/18, 1937

19. UNDERTAKER J. F. Y. Leilly

(Address) 130 E. Fort Ave

20. FILED JUN 18 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) did find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis,	
Occlusion of the Coronary Arteries	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt, M. D. Coroner

6/17/37 (Address) 1017 S. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 86

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36570

CERTIFICATE OF DEATH

F 36570

Registered No. 7-2 16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Milton Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter W. Weddinfield

(a) Residence: No. 514 N. Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Bessie Weddinfield

6. DATE OF BIRTH (month, day, year) Jan. 31, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Personal Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry C. Weddinfield

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Mary A. Rees

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Bessie Weddinfield

(Address) 514 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greene Lawn Date June 18- 1937

19. UNDERTAKER John A. McGan

(Address) 1000 E. Baltimore St

29. FILED Huntington Williams, M.D.

JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/ 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, and that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Head	

Other contributory causes of importance:

No

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Shot Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6/16/ 1937

Where did injury occur? 514 N. Milton Ave Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot self during temporary insanity

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1914 E. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36571

CERTIFICATE OF DEATH

95BF 36571

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 St. Paul St. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence M. Frey

(a) Residence: No. 3310 Bateman Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur B. Frey

6. DATE OF BIRTH (month, day, year): May 3 1891

7. AGE — Years: 46 | Months: 1 | Days: 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City Helkpotte

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): City

MOTHER

15. MAIDEN NAME: Emma S. Kries

16. BIRTHPLACE (city or town) (State or country): City

17. INFORMANT: Mrs. Wangler
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem. Date: June 19-37

19. UNDERTAKER: John. C. Mc Glam

(Address): 3011 E. Baltimore St.

Huntington Nottingham

UN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/16/37 , 19

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1936 to June 16, 1937 19

I last saw her alive on June 15, 1937 Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	sudden
Other contributory causes of importance: Bronchial asthma	yrs.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm B. Jarrett M. D.

(Address) 1115 St. Paul St., City.

OCCUPATION is very important. See instructions on back of certificate.

F 36572

HEALTH DEPARTMENT—CITY OF BALTIMORE

#24110
SF

CERTIFICATE OF DEATH

95 F 36572

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 13-7 Ward)
life

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME ELLA May Burns

If U. S. Veteran specify WAR

(a) Residence: No. 3804 Falls Road St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 5/7/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	72	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Parks

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Liza George

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Date June 19, 1937

19. UNDERTAKER Robinson & Boston.
(Address) 3615 Edmondson Ave

20. FILED JUN 18 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1937 to 6-16, 1937

I last saw her alive on 6-16, 1937 Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	few days
Other contributory causes of importance: Arteriosclerotic Heart Dis.	Unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramer, M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 36573

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36573

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4707 Gale Ct St. 27-4 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Shorter

(a) Residence: No. 4707 Gale Ct St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wm. Shorter

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0021

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Virgil Stewart

14. BIRTHPLACE (city or town) (State or country) S Carolina

MOTHER

15. MAIDEN NAME Caelia —

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Jennie Scott

(Address) 4707 Gale Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Dar. Ref Cem. Date 6-9 19 37

19. UNDERTAKER Lloyd S. Lowe

(Address) 1528 Division St.

20. FILED JUN 10 1937 A. Emily Williams M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937 to June 6th 1937

I last saw h[illegible] alive on June 6th, 1937 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Arteriosclerosis	10 yrs

Name of operation Cook Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. J. Scott M. D.

(Address) 334 N. Dudale St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36574

94 FB 36574

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Ridgely St. St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Frank A. Mahn

(a) Residence: No. 1006 Ridgely St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence R. Mahn

6. DATE OF BIRTH (month, day, year) November 12, 1884

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	52	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Mahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Denniger

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Florence R. Mahn
(Address) 1006 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 21, 1937

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Pennsylvania Ave.

Registrar.

JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937. to June 17, 1937

I last saw h[illegible] alive on June 17, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows: Coronary Thrombosis

Date of onset

Other contributory causes of importance: Dilatation of Heart

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Wallace Wacker M. D.

(Address) 422 Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

F 36575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36575

Registered No. 48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 15 Poplar Grove St. 16-7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Augusta Meltz

(a) Residence: No. 15 Poplar Grove St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1st 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Richmond, Va
(State or country)

FATHER

13. NAME Frank W. Meltz
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Lydia Knabe
16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. H. Conach
(Address) 15 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 18, 1937

19. UNDERTAKER Wm. H. Sylvester & Sons
(Address) North Avenue cor.

FILED JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to June 16, 1937.
I last saw her alive on June 16, 1937. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma	
2 uterus	
Other contributory causes of importance: None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. Eugene Covington M. D.
(Address) med. arts bldg.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36576

CERTIFICATE OF DEATH

934 F 36576

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3613 Windsor Mill Rd. Ward) 15-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 mos. ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Elizabeth Hutton Hura

If U. S. Veteran specify WAR

(a) Residence: No. 3613 Windsor Mill Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry C. Hura

6. DATE OF BIRTH (month, day, year): Oct. 14, 1862

7. AGE: Years 74 | Months 8 | Days 3 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

FATHER

13. NAME: Francis Hutton

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Catherine

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: M. Henry H. Hura

(Address) 3613 Windsor Mill Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Bethel-Md. Date: June 19 37

19. UNDERTAKER: Wm. F. McClure & Sons

(Address) North & Pa Aves.

FILED JUN 19 1937

Clifton Williams, MD

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year): June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to June 17, 1937

I last saw her alive on June 15, 1937. Death is said to have occurred on the date stated above, at 10.15a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Jan 1 36

cor pul

Other contributory causes of importance:

Arteriosclerosis — 1936

Hypertension

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Walter Dunbar M. D.

(Address) 2220 Harlem Blvd

OCCUPATION is very important. See instructions on back of certificate.

F 36577 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36577

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alyse Hunneman

(a) Residence: No. Malvern St., Ward. Pennsylvania

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 20 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Langhorn Pa.

FATHER

13. NAME William C. Hunneman Jr.

14. BIRTHPLACE (city or town) (State or country) Brookline Mass

MOTHER

15. MAIDEN NAME Alyse Matthews

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL? Place Philadelphia Pa. Date June 18 37

19. UNDERTAKER Stiltz & Deckner Inc. (Address) North & Penna Ave

JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1937 to June 17, 1937

I last saw her alive on June 17, 1937 Death is said to have occurred on the date stated above, at 9:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bantis Disease - Acute (Splenic Anemia)	About 6 mo. ago
Other contributory causes of importance: Bronchopneumonia - Bilateral	June 16 1937

Was an operation performed? Splenectomy Date May 24, 1937

For what disease or injury? Bantis Disease.

What test confirmed diagnosis? Clinical + Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) A. Franklin Shlanker M. D.

(Address) Women's Hospital.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36578 F 36578

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 115-a

CITY OF BALTIMORE: (No. ..... St., 12 Ward) 2

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Peal Brennan Jr

If U. S. Veteran specify WAR .....

(a) Residence: No. 424 Calvin Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 30. 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery clerk 0024

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm. C. Brennan

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Langer

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Anna Brennan

(Address) 424 Calvin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 19 1937

19. UNDERTAKER Rita Wudfield

(Address) 914 Greenmount Ave

JUN 19 1937 [redacted]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to June 16, 1937

I last saw him alive on June 16, 1937 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	June 7, 1937
Pneumococcic Meningitis	June 14, 1937

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify .....

(Signed) Robert E. Lieve M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36579

CERTIFICATE OF DEATH

F 36579

1. PLACE OF DEATH 629 S. Linwood Ave. 157-A Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Elmer Priet

(a) Residence: No. 629 S. Linwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 11, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frank C. Priet

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Margaret A. Hartman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Frank C. Priet
(Address) 629 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 6/18/37, 19

19. UNDERTAKER Philip Henrig Sons
(Address) 2016 Orleans St

6/18 1937 Huntington Williams, Reg.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937 to June 17, 1937

I last saw h~~im~~ alive on June 17, 1937 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina bifida	
Hydrocephalus	June 11 37

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Schleal, M. D.

(Address) 617 N. Linwood Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36580 CERTIFICATE OF DEATH √53 F 36580

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2237 N. Washington st. Ward 7

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

2. FULL NAME Daisy V. Woernlein

(a) Residence: No. 2238 N. Washington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of John B. Woernlein

6. DATE OF BIRTH (month, day, year) May 12-1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None 6-0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Walter L. Richardson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Woelfard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John B. Woernlein

(Address) 2237 N. Washington st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date June 18 37

19. UNDERTAKER Philip Herwig Sons

(Address) 2316 Eastern Ave

Huntington Williams, M.D.

JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to June 15, 1937

I last saw her alive on June 15 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralyzed Hemiplegia Sinistra	1936
Other contributory causes of importance:	
Toxemia	1936

Was an operation performed? Yes Date of Fall 1936

For what disease or injury? Hemiplegia - Sinistra

Name of operation Hemorrhage Glandular Extirpation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Douglas M. D.

(Address) 1100 E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36581

CERTIFICATE OF DEATH

V 46 BF 36581

1. PLACE OF DEATH U. S. MARINE HOSPITAL, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 5 - 2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Clarence Davis

If U. S. Veteran specify WAR WorldWar

(a) Residence: No. 607 Sterling St., Balto. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

6. DATE OF BIRTH (month, day, year) Sept. 9, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Virgil Davis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Martha Boone

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records- U. S. Marine Hospital, (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place National Cemetery June 18, 37

19. UNDERTAKER Robert K. O'Donnell (Address) 504 N. Caroline St

19 1937 Livingston Withington

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to June 15, 1937

I last saw him alive on June 15, 1937 Death is said to have occurred on the date stated above, at 5:40a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uvula, with metastasis	
to neck and stomach	June 1936
Other contributory causes of importance:	over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. Lawrence, M. D.

(Address) R. L. Lawrence, U. S. Marine Hospital, Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

F 36582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36582

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 W. Caroline St. - S. Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda Harris

(a) Residence: No. 833 W. Caroline St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thomas Harris

6. DATE OF BIRTH (month, day, year): Dec. 16, 1867

7. AGE: Years 69 | Months 6 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: George Matthew

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Hannah Clark

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mary Fitchett (Sister)

(Address) 833 W. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL: Laurel Cemetery June 18 37

Place ... Date ...

19. UNDERTAKER: Lofes & Young

(Address) 804 W. Caroline St.

JUN 18 1937 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/16 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/9 . 1937 to 6/16 . 1937

I last saw her alive on 6/15 1937 Death is said to have occurred on the date stated above, at 10:15 m. A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	?
Chr. Myocarditis	?
Other contributory causes of importance: Arterio-sclerosis	?

Was an operation performed? NO Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Raymond Young M. D.

(Address) 1500 E. Madison St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36583 F 36583

CERTIFICATE OF DEATH 24175--CM

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 27-3 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Margaret Brown

(a) Residence: No. 3000 Batavia Ave., St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-10-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	--	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Kemmeter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Snyder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City nospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Co. Date 6/18/37

19. UNDERTAKER Leonard J. Ruck

(Address) 5305 Harford Road

Huntington Williams, M.D.

20. FILED ... 19... Registrar.

JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5-1937 to 6-15-1937

I last saw her alive on 6-15-1937 Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

Hyperemphroma c metastases — Date of onset 1 yr

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 36584

F 36584 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Leon Williams (22018)

(a) Residence: No. 837 W. Franklin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) Dec. 27, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	41	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Horace

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Alice Thompson

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUN 18 1937, 19

19. UNDERTAKER
(Address)

Commissioner of Health

JUN 18 1937

3299C

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1937

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1937 to June 16, 1937

I last saw him alive on June 15, 16, 1937 Death is said to have occurred on the date stated above, at 12:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Dec 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon H Feldman M. D.

(Address) Baltimore City Hospitals

(OVER)

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36585

CERTIFICATE OF DEATH

XV121 F 36585

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 13

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

2. FULL NAME James F. Schramm

(a) Residence: No. 107 3rd ave. Brooklyn Park Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 3, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	3 2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pt school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Schramm

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Bertha Betton

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John F. Schramm (Father)
(Address) 107-3rd Ave. Brooklyn Park.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 19, 1937

19. UNDERTAKER A. Edward Evans
(Address) 1400 Gay St. Balto

20. FILED JUN 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 1-23-37 . 19 . to 6-17-37 . 19

I last saw h in alive on 6-17-37 . 19 . Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Omentum	

Other contributory causes of importance:
(1) Myocardial Failure (2) Uremia
(3) Peritonitis. (4) Appendicitis

Was an operation performed? Yes Date of 1-23-37

For what disease or injury? Abscess of Omentum & Chronic appendicitis

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard C. Lurd . M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

36586 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36586

CERTIFICATE OF DEATH 15598 JS

V95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Blake

If U. S. Veteran specify WAR

(a) Residence: No. 820 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUN 18 1937

Commissioner of Health

19. UNDERTAKER
(Address)

20. FILED JUN 18 1937 Registrar.

3300

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 12 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 7 - 18, 1915, to 6 - 12, 1937

I last saw h/m alive on 6 - 12, 1937 Death is said to have occurred on the date stated above, at 5-40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5d
Other contributory causes of importance: Arteriosclerotic Heart Dis.	mth

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John F. Rainey M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 36587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

F 36587

1. PLACE OF DEATH Univ Hosp St. 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Macey Golczynski

(a) Residence: No. 2523 Foster Ave St., Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Victoria Deceased

6. DATE OF BIRTH (month, day, year): 1878

7. AGE: Years 59; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Emma Roberts 2523 Foster ave

18. BURIAL, CREMATION, OR REMOVAL: Place O. Slopestown Date 6/19 37 19

19. UNDERTAKER: John J Duda 1228 N Hudson St

(Address)

[redacted] Registrar

18 1937

V S C

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull & hemorrhage	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 6/13, 1937

Where did injury occur? On Foster Pk Road & (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto

Nature of injury Unknown

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hunter Kirby Coroner, M. D.

(Address) 912 N Calvert

F 36588

36588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital) (5 Ward)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Daniels

(a) Residence: No. Catonsville — Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Daniels

6. DATE OF BIRTH (month, day, year): June 1 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 69	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Fannie Shorthouse
(Address) 937 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 6/18 37

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED 6/18/37 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular	about June 1 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen, M. D.

(Address) 5[illegible] Lexington St

OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 36589

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36589

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1425 E Lafayette St., 9-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine A. Hogan

If U. S. Veteran specify WAR .....

(a) Residence: No. 1425 E Lafayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward A Hogan

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Appleton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Kenknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT (Address) Mr C W Hogan 1425 E Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 6-19 1937

19. UNDERTAKER (Address) H. Zahn & Sons 1318 Light St

20. FILED [illegible] Registrar.

6-19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to June 17, 1937. I last saw her alive on June 16, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Bright's)	
Cardiac Insufficiency	
Other contributory causes of importance:	
Impermia & Nephritis	

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of Injury — 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) O. O. Naman, M. D.

(Address) 1701 N. Caroline St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

36590 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36590

CERTIFICATE OF DEATH

V 87-B

Registered No. 25-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2260 SIDNEY AVE ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME KENNETH A. MYERS

(a) Residence: No. 2260 SIDNEY AVE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M. | 4. Color or Race: WHITE | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): NOV 6 1909

7. AGE: Years 28 | Months 7 | Days 10 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): BALTO MD.

FATHER

13. NAME: HENRY MYERS

14. BIRTHPLACE (city or town) (State or country): BROOKYN-MD.

MOTHER

15. MAIDEN NAME: ANNIE M. MARTIN

16. BIRTHPLACE (city or town) (State or country): BALTO MD.

17. INFORMANT: MRS ANNIE MYERS

(Address) 2260 SYDNEY AVE

18. BURIAL, CREMATION, OR REMOVAL

Place: Westminster Date: 6/21/37

19. UNDERTAKER: Geo H. Lembach

(Address) 425 N Lyndhurst St

20. FILED JUN 19 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937 to June 17, 1937

I last saw h. in alive on June 16, 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jacksonian Convulsions	6-14-37

Other contributory causes of importance:

Mental Defiency since early childhood	1909?

Name of operation ... Date of ...

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Nathan Racusin, M. D.

(Address) 206 S. Gilmor Street

36591

HEALTH DEPARTMENT—CITY OF BALTIMORE

36591

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. 10-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bryant

If U. S. Veteran specify WAR

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Ogle

6. DATE OF BIRTH (month, day, year): March 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Arundel Co. Md.

FATHER

13. NAME: William Bryant

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Sister Stanislaus - Supt.
(Address) Little Sisters of the Poor.

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Md. Date: June 20, 19

19. UNDERTAKER: Geo. A. Blakemore
(Address) 218 Baltimore St.

20. FILED 19

[redacted]

No 78 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1936 to June 18, 1937

I last saw h alive on June 16 1937. Death is said to have occurred on the date stated above, at 5.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr nephritis	
Other contributory causes of importance: Cerebral Hemorrhage	1wk
Arteriosclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Phys Lab What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) L. M. C. Parker M. D.

(Address) 1114 Harlem Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

36592

F 36592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Belair Rd St. 27-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Hipolito Rodriguez

(a) Residence: No. 4300 Belair Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria Rodriguez

6. DATE OF BIRTH (month, day, year) March 16 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ow

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Angel Rodriguez

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Juana Lopez

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Victoria Rodriguez

(Address) 1623 Thames St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date June 19 1937

19. UNDERTAKER Henry Sayler & Sons Inc

(Address) Baltimore St & Broadway

19 1937 [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to June 16, 1937

I last saw h.m alive on June 16, 1937. Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast.	
Carcinoma of mediastinum and lungs.	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Calò M.D.

(Address) 4 N. Dulaney

M. D.

36593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 36593 — 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 Woodlawn Road St.) (27-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry E. Johnston

(a) Residence: No. 113 Woodlawn Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward E. Johnston

14. BIRTHPLACE (city or town) (State or country) Toronto Canada

MOTHER

15. MAIDEN NAME Hettie V. Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Wm Edward E. Johnston

(Address) 113 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 19 1937

19. UNDERTAKER H. B. Hippert & Son

(Address) 1300 Eutaw Place

20. FILED JUN 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7 1937 to June 14 1937

I last saw him alive on June 14 1937. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease:	
a. c. & chr. endocarditis:	
mitral insufficiency & stenosis	
adhesive pericarditis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Wm E. Ingram M. D.

(Address) 2439 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

36594

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36594

CERTIFICATE OF DEATH

13-2 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Mt. Royal ~~ave~~Terrace St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Sallie E. Tull

(a) Residence: No. 1914 Mt. Royal Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Oscar Tull

6. DATE OF BIRTH (month, day, year) June 20, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Kingston, Md.
(State or country)

FATHER

13. NAME Alexander Robertson

14. BIRTHPLACE (city or town) Kingston Md.
(State or country)

MOTHER

15. MAIDEN NAME Martha M. Riley

16. BIRTHPLACE (city or town) Berlin Md.
(State or country)

17. INFORMANT Grace Tull
(Address) 2824 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hebron Cemetery Date 6/19/1937

19. UNDERTAKER Wilson Cook
(Address) 1217 N. Eutaw St.

20. FILED JUN 18 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to June 17, 1937

I last saw her alive on June 16, 1937 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset
Hemiplegia. General
Arteriosclerosis

Other contributory causes of importance:

Chronic Endocarditis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Claud Symington M. D.

6/17/37 (Address) 4706 Harford Road

17

F 36595

36595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 n Chapel St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Williams Wilkins

If U. S. Veteran specify WAR .....

(a) Residence: No. 122 n Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry Wilkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Kinard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Wilkins

(Address) 122 n Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Gravel cemetery Date June 19, 1937

19. UNDERTAKER Edw Bryon

(Address) 1241 Orleans St

20. FILED 19 Registrar

19 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) did that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Phthisis	about April 1 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo L. Allen, M. D.

Coroner

(Address) 501 Cathedral St

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36596

CERTIFICATE OF DEATH

36596

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNION MEMORIAL HOSPITAL) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MRS. JOHN MITCHELL WOODS (ELEANOR TABB WOODS) If U. S. Veteran specify WAR

(a) Residence: No. 1309 KANAWHA St., ... Ward. CHARLESTOWN, WEST VA.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JOHN MITCHELL WOODS

6. DATE OF BIRTH (month, day, year) 1/22/77

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	4	23 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 5/2/37

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) (State or country) WEST VIRGINIA

FATHER

13. NAME MR. LOUIS P. TABB

14. BIRTHPLACE (city or town) (State or country) VIRGINIA

MOTHER

15. MAIDEN NAME MISS VIRGINIA SNODGRASS

16. BIRTHPLACE (city or town) (State or country) WEST VIRGINIA

17. INFORMANT HUSBAND

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Martinsburg W Va Date June 21 37

19. UNDERTAKER Sohl & Mitchell Sons

(Address) 5 W. Eutaw Place

20. FILED ..... 19 ..... Registrar.

JUN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/3 1937 to 6/18 1937

I last saw her alive on 6/10 1937 Death is said to have occurred on the date stated above, at 2.00 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OVARY C PERITONEAL METASTASES	???
Other contributory causes of importance: BRONCHO PNEUMONIA	6/8/37

Was an operation performed? YES Date of 5/6/37

For what disease or injury? CARCINOMA OVARY

Name of operation LAPAROTOMY

What test confirmed diagnosis? ..... Was there an autopsy? NO

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify NO

(Signed) S. D. Sunday M. D.

(Address) Union Memorial Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36597

CERTIFICATE OF DEATH

F 36597

139a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., 17-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary E. Johnson

(a) Residence: No. 604 Brune St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John E. Johnson

6. DATE OF BIRTH (month, day, year) March 13, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37 no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME John Blake

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Thuksun

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT John E. Johnson
(Address) 604 Brune St.

18. BURIAL, CREMATION OR REMOVAL
Place Laurel Cemetery Date 6/19/37 19

19. UNDERTAKER Mrs Wm. H. Holland
(Address) 1631 Druid Hill Ave

Huntington Williams Asst
Registrar.

JUN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ovarian Cyst	
	7/37

Other contributory causes of importance:
Dehydration

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schuenker, M. D.
Coroner

(Address) 1914 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36598

CERTIFICATE OF DEATH

F 36598

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 814 N. Fremont St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs Queena Ann Watts

If U. S. Veteran specify WAR

(a) Residence: No. 814 N. Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Watts

6. DATE OF BIRTH (month, day, year) 8-10-1870

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or min.
66	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va

FATHER

13. NAME ? Holmes

14. BIRTHPLACE (city or town) (State or country) Essex Co. Va

MOTHER

15. MAIDEN NAME Susan Lowry

16. BIRTHPLACE (city or town) (State or country) Essex Co. Va

17. INFORMANT Mrs Ada Watts

(Address) 814

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/19/37

9. UNDERTAKER Geo. E. Fell & Son

(Address) 1918 E. Pratt St.

Huntington Williams, M.D.

JUN 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1937, to 6-15, 1937

I last saw her alive on 6-15, 1937. Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 6-7-37

Other contributory causes of importance:

Arteriosclerosis Arthritis & Hypertension — Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Saunders, M. D.

(Address) 1034 N. Stricker St.

36599

HEALTH DEPARTMENT—CITY OF BALTIMORE

36599

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 N. Montford Ave. St. 7-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank G. Hohman

(a) Residence: No. 716 N. Montford Ave. St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Hohman

6. DATE OF BIRTH (month, day, year) Dec. 15-1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assembler 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glenn L. Martin

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Aloysius Hohman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Theresa Stegman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elizabeth Hohman

(Address) 716 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date June 21-37

19. UNDERTAKER John A. Miller

(Address) 2334 Jefferson St.

20. FILED ... Livingston Williams, Registrar

JUN 1937

OCCUPATION IS VERY Important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17.1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 19... June 17 1937

I last saw h... alive on June 17 1937. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Hepatis Primary	
Acute nephritis	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. Knox Insley, M. D.

(Address) 2936 Balto St.

36600 V F 36600

36600 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23917 JS

Registered No. 6-28

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Engelking

(a) Residence: No. 137 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-15-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A. Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Lloyd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. V. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz's Cem Date June 19 1937

19. UNDERTAKER John C. Keller
(Address) 2334 Jefferson St.

20. Filed 19 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1937 to 6-17, 1937

I last saw him alive on 6-17, 1937. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Cerebral Thrombosis (non Luetic)	1st
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Post

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L Ramsey M.D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

36601

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36601

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Charpiot

(a) Residence: No. Carlond Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 1937

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. City
(State or country) Md

FATHER

13. NAME Fred Charles Charpiot

14. BIRTHPLACE (city or town) Balto City
(State or country) Md

MOTHER

15. MAIDEN NAME Lillian May Knight

16. BIRTHPLACE (city or town) Balto City
(State or country) Md

17. INFORMANT Lillian May Charpiot
(Address) Carland Md

18. BURIAL, CREMATION, OR REMOVAL
PLACE UNIVERSITY MEDICAL SCHOOL JUN 19 1937 19

19. UNDERTAKER Coroner's Office
(Address) Per B. A. Boop

20. FILED JUN 19 1937 Registrar.

OCCUPATION IS VERY important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 2.23 A.M. 19 to June 16, 1937 9.45 A.M. 19

I last saw her alive on June 16, 1937. Death is said to have occurred on the date stated above, at 9 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Maurice J. Nicholson M. D.

(Address) University Hosp

$3615-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

F 36602

F 36602

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 10-2 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Henderson (Palmer) If U. S. Veteran specify WAR

(a) Residence: No. 724 N. Carlton St, St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/24/89

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Launchers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Silas Harrison

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Eliz. —

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Milford Va Date June 19, 1937

19. UNDERTAKER Robert H. Young
(Address) 804 N. Carlton St

20. FILED JUN 19 1937 19 Registrar. At Eighty Nathanael, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to June 17, 1937

I last saw her alive on June 17, 1937 Death is said to have occurred on the date stated above, at 1:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis	
Empyema Streptococci	6-8-37
Other contributory causes of importance:	
Tubular Pneumonia	6-7-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick C. Hilbert Jr. M. D.

(Address) Johns Hopkins Hospital

366603 E 366603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 Washington Blvd. St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Richardson

(a) Residence: No. 1129 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Richardson

6. DATE OF BIRTH (month, day, year) October 17, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

FATHER

13. NAME Haney

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Miss Madeline Richardson

(Address) 1129 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 21, 1937

19. UNDERTAKER [illegible] 1003 N. Baltimore St.

20. FILED JUN 19 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937, to June 18, 1937

I last saw h.e.r. alive on June 18, 1937 Death is said to have occurred on the date stated above, at 1.12 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Hakes, M. D.

(Address) 523 Scott St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36604

CERTIFICATE OF DEATH

46-9 F 36604

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp Ward) 9-5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Mary Ross Shaver

(a) Residence: No. 811 E 33rd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H Shaver

6. DATE OF BIRTH (month, day, year) July 22-1859

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	10 11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Duties

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME David Ross.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Julia Hearer.

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

17. INFORMANT Mrs. Francis Lipsey

(Address) 817 E. 33rd St Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Manchester Cem. Date June 21 1937

19. UNDERTAKER Francis J. Lyle

(Address) 1600 E. North Ave

20. FILED [signature] M.D.

JUN 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/07, 1937 to 6/18, 1937

I last saw h[illegible] alive on 6/18/37, 1937 Death is said to have occurred on the date stated above, at 9 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extra peritoneal Sarcoma	1-1-37
Other contributory causes of importance:	
Cachexia	

Was an operation performed? YES Date of 6-17-37

For what disease or injury? Partial Intest Obstruction

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene L Kemp M. D.

(Address) Bon Secours Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36605 CERTIFICATE OF DEATH 24278 JS 107-a F 36605

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 2-3 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR

2. FULL NAME James Cieslak

(a) Residence: No. 267 S. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-25-36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James Cieslak

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elsie Kamosa

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date June 21st 1937

19. UNDERTAKER George L. Weber

(Address) 205 S Ann St

19 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-9 1937, to 6-19 1937

I last saw him alive on 6-18 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5-1-37
Septicemia	6-17-37

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R B Jones M. D.

(Address) Baltimore City Hospital

F 36606

36606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. BALTIMORE CITY HOSPT St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME CATHERINE GOLDSBOROUGH

(a) Residence: No. 2023 FLEETE St., 2 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph E Goldsborough

6. DATE OF BIRTH (month, day, year) March 2 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

FATHER

13. NAME HENRY SMEARMAN

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

MOTHER

15. MAIDEN NAME BARBARA TRESCH

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

17. INFORMANT JOSEPH E GOLDSBOROUGH
(Address) 2023 Fleete St

18. BURIAL, CREMATION, OR REMOVAL
Place OAKLAEN Date JUNE 21 37

19. UNDERTAKER Lilly & Zeiler INC
(Address) 433 So Wolfe St.

20. FILED 6 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 17 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest find that said deceased came (Inquest, Autopsy or Inquiry) her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot Wound; left lung	
2.	
3.	

Other contributory causes of importance: Pneumonia

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of Injury ..... 19 ...

Where did injury occur? 2023 Fleet St. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Shot with pistol by

Nature of Injury Husband

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1914 E. North Ave

(THE OMISSION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.)

F 36607 HEALTH DEPARTMENT—CITY OF BALTIMORE 36607

CERTIFICATE OF DEATH

121

Registered No. .....

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. ..... St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edwin R. St Clair

(a) Residence: No. 3339 Avondale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha St Clair

6. DATE OF BIRTH (month, day, year) July — 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Harford Co (State or country) Md

FATHER

13. NAME Wm Varney St Clair

14. BIRTHPLACE (city or town) Harford Co (State or country) Md

MOTHER

15. MAIDEN NAME Susan Watt

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs. V. St Clair (Address) Jarrettsville

18. BURIAL, CREMATION, OR REMOVAL Place Bloede Cem Date 6/21 1937

19. UNDERTAKER Gilbert & Son (Address) Jarrettsville Md.

21. [illegible] Lapton Williams, M.D. Registered

JUN 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-37

22. I HEREBY CERTIFY, That I attended deceased from 6-16-37, 19..., to 6-19, 1937, 19...

I last saw h[illegible] alive on 6-19, 1937, 19... Death is said to have occurred on the date stated above, at 3:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Senility	

Was an operation performed? No Date of .....

For what disease or injury? No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Leonard C. Lund, M. D.

(Address) Md. Gen. Hosp.

F 36608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36608 ✓ X 54-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME CLAIRE OSBORNE

(a) Residence: No. Glenn Morrison W.VA. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not any

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER

13. NAME Roma Osborne

14. BIRTHPLACE (city or town) (State or country) W.VA.

MOTHER

15. MAIDEN NAME Maggie Stewart

16. BIRTHPLACE (city or town) (State or country) W.Va.

17. INFORMANT (Address) Albert W. Pruiett Glenn Morrison W.Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove W. Va. June 20. 1937

19. UNDERTAKER John A. Mitchell Sons 1900 Eutaw Place

JUN 20 1937 19 E. L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19.1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor, Brain (Metastatic Origin)	June

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/9/37

For what disease or injury? Tumor, Brain

Name of operation Craniotomy Skull Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schuster M. D. Coroner

(Address) 1919 E. North Ave.

96 OCCUPATION is very important. See instructions on back of certificate.

36609 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36609

CERTIFICATE OF DEATH 24116--EF 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 27-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Huebner

If U. S. Veteran specify WAR No Record

(a) Residence: No. 5902 Washington Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Huebner

6. DATE OF BIRTH (month, day, year) 3-15-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Art glass worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Illinois

FATHER

13. NAME John Huebner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Boller

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 21st 37

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED JUN 20 1937 Lexington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1937, to 6-18, 1937

I last saw him alive on 6-18, 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-6-37
Uremia	6-9-37
Benign hypertrophy of prostate	3

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alg. Brantigan M. D.

(Address) Baltimore City Hosp

F 36610 ✓ F 36610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Cedley Ave. St. 25-3 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

If U. S. Vet. specify WAR The Record

2. FULL NAME Elizabeth B. Fletcher.

(a) Residence: No. 2200 Cedley Ave. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: (or) WIFE of Owen E. Fletcher

6. DATE OF BIRTH (month, day, year) February 14, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George S. Benny.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Anna Erpenstein.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Owen E. Fletcher. (husband)
(Address) 2200 Cedley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 21st 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 20 1937 Registrar for Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry and that said deceased came (Inquest, Autopsy or Inquiry)
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis.	
Abscess of the brain.	

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 ___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Otto M Leonhardt M. D.
Coroner

6/18/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

36611 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36611

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2805 Huntington Ave, Ward) 13

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Harry M. Whittington If U. S. Veteran specify WAR No Record

(a) Residence: No. 2805 Huntington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 28, 1870

7. AGE: Years 67 | Months 11 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Drug Clerk
9. Industry or business in which work was done, as mill, saw mill, bank, etc.: Liggett's Drug Co
10. Date deceased last worked at this occupation (month, day, year): June 24 37
11. Total time (years) spent in this occupation: 12 45

12. BIRTHPLACE (city or town) (State or country): Charlestown W. Va

FATHER
13. NAME: John M. Whittington
14. BIRTHPLACE (city or town) (State or country): Charlestown W. Va

MOTHER
15. MAIDEN NAME: Celestine Wallaker
16. BIRTHPLACE (city or town) (State or country): Charlestown W. Va

17. INFORMANT (Address): Mrs E. E. Bowers 204 West 28th St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date June 22 37

19. UNDERTAKER (Address): William Cook 1217 St Paul St

20. FILED JUN 20 1937 Registrar. Huntington Nativity, 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1937 to June 19, 1937
I last saw him alive on June 19, 1937 Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Cardiac Hypertrophy	2
Other contributory causes of importance: Arteriosclerosis	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Morgan G E Cross, M. D.
(Address) 28 W 25th St.

M. D. B. 1268-9

36612 ✓ F 36612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. 1st. 1-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Baby Boy Rykeil

(a) Residence: No. 2208 Gough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	wh	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-19-37

7. AGE	Years	Months	Days	If LESS than 1 day 13 hrs. or 25 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Walter Rykeil

14. BIRTHPLACE (city or town) (State or country) Balt Md

MOTHER

15. MAIDEN NAME May Wardly

16. BIRTHPLACE (city or town) (State or country) Balt Md.

17. INFORMANT Walter Rykeil
(Address) 2208 Gough St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date June 21, 1937

19. UNDERTAKER Fred W Ograzewski
(Address) 1930 Eastern Ave

20. FILED [illegible] Lexington Williams, Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1937 to 6-19, 1937

I last saw him alive on 6-19-37, 19... Death is said to have occurred on the date stated above, at 6:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
intracranial hemorrhage	
atelectasis of lt. lung.	
prematurity	same

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) L. Vidal Hagner M. D.

(Address) 7 Rankin Bldg, Balto

F 36613

36613 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-9 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Alfred Balbona

(a) Residence: No. 1033 East Palmer St Phila Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 25-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Order 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Phila Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

MOTHER FATHER

13. NAME Diago Balbona

14. BIRTHPLACE (city or town) (State or country) Spain

15. MAIDEN NAME Roma Diaz.

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Mrs Balbona Diazo

(Address) 1033 E Palmer St Phila

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Phila Date June 23 37

19. UNDERTAKER Williams Bros

(Address) 1217 St Paul St

20. FILED Washington Williams, Md. 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? — If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

VS 1937

M. D. B. 1268-9

36614 ✓ F 36614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 15-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Bonner Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Kirsch

(a) Residence: No. 3908 Bonner Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hilda Kirsch

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant 0042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Merchandise

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Wolf Kirsch

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Hannah Plot

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Dr. Maxwell Kirschbaum

(Address) 1902 W. North Ave

18. BURIAL, CREMATION OR REMOVAL

Bethel Cemetery Date June 20 1937

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto St

20. FILED 6-21-37 Harrington Collins, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to June 19, 1937

I last saw him alive on June 19, 1937. Death is said to have occurred on the date stated above, at 12:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Myocarditis	over

Other contributory causes of importance:

Acute Cardiac dilatation

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. Kadry, M. D.

(Address) 2306 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

E 36615

36615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 Brooks Lane 13-1 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Theresa Brownuld

(a) Residence: No. 936 Brooks Lane Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 12 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mons Brownuld

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Lehmayer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Steinger

(Address) 936 Brooks Lane

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Mar Sinai Cy. Date June 20 1937

19. UNDERTAKER David Sondheim - Son

(Address) 1902 Eastern Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jany 4 1937 to June 19 1937

That I last saw her alive on June 19 1937. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 mos
Myocarditis	6 mos
Other contributory causes of importance:	
Arteriosclerosis	5 yrs

Was an operation performed? No Date of ✓

For what disease or injury? -

Name of operation ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Frederick Lutz M. D.

(Address) Temple Harden Apts.

6-3-1931 Huntington Williamsport, Pa

M 36616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36616

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Franklin Square Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., ~~Ward~~ 7-2

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Rostmeyer

(a) Residence: No. 839 N. Milton Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Rostmeyer

6. DATE OF BIRTH (month, day, year) June 23-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Louisa Bartels

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Margaret McCusker
(Address) 2820 Kentucky Ave

18. BURIAL, CREMATION, OR REMOVAL New Bath - June 21-37

19. UNDERTAKER J. J. Derr & Son
(Address) 836 N. Eutaw

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18 1937

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937 to June 18 1937

last saw h[illegible] alive on June 18, 1937 Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation with myocardial failure.	

Other contributory causes of importance:

Arteriosclerotic Cardiovascular disease.

Senile gangrene right foot

Name of operation Amputation R leg Date of 6/1/37

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Battaglia M. D.

(Address) Franklin Square Hospital

36617 F 36617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Illchester Ave St. 12-3 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Catherine Derlin

If U.S Veteran specify WAR

(a) Residence: No. 304 Illchester Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of August W. Derlin

6. DATE OF BIRTH (month, day, year) March 13, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Scherinor

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary E. Ermer

(Address) 3712 Woodbine Ave. Howard Park.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 21, 1937

19. UNDERTAKER Henry H Meade & Son

(Address) 209 W. Calvert St.

20. FILED JUN 20 1937 Huntington Williams, M.D. Registrar. June 19/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936 to June 18, 1937

I last saw h[illegible] alive on June 18, 1937 Death is said to have occurred on the date stated above, at 6.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	6/8/37
Chr Myocarditis	1936
Chr Sclerosis Nephritis	1936
Arteriosclerosis	1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) Chas. P. Clautice M. D.

(Address) 3013 St Paul St

Spec—12-23-21—E.P.C.S.—400 Blks.

F 36618

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36618

CERTIFICATE OF DEATH.

V 82-a

1-PLACE OF DEATH

Registered No. 15-6

City of BALTIMORE: (No.) 3106 Walbrook Ave St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Tillie S. Lenz

(a) Residence No. 3106 Walbrook Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced, (Write the word.): MARRIED

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles Lenz.

6-DATE OF BIRTH (month, day and year): April 1st 1869

7-AGE: 68 yrs. 2 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto Md.

PARENTS.

10-NAME OF FATHER: Gotlib Schulze

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: ? Schneider

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Germany.

14 Informant: Charles Lenz

Address: 3106 Walbrook Ave

15- Filed JUN - 3 1937 Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): June 18th 19

17- I HEREBY CERTIFY, That I attended deceased from June 12 1937 to June 18 1937

that I last saw h[illegible] alive on June 18 1937

and that death occurred, on the date stated above, at 12. noon

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrha[illegible]

(Duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? yes

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John A. Cleary M. D.

(Address) 612 N 40 St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem.

DATE OF BURIAL: 6-21st 19 37

20-UNDERTAKER: Mrs Chas A. G. Rohde

ADDRESS: 2327 Edmonds[illegible]

INSTRUCTIONS ON BACK OF CERTIFICATE.

36619 HEALTH DEPARTMENT—CITY OF BALTIMORE 36619

CERTIFICATE OF DEATH V 152

1. PLACE OF DEATH S.B.C.H

CITY OF BALTIMORE: (No. ..... St., 23-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry A Meyer

If U. S. Veteran specify WAR .....

(a) Residence: No. 1420 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 26 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John H. Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Unkelbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John B Meyer
(Address) 2903 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross A&C Date 6-21 1937

19. UNDERTAKER Bernard C Harle
(Address) 131 E North St

20. FILED ..... 19 ..... Registrar.
JUN 21 1937 Livingston Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 . 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7 1937 to June 18 1937
I last saw him alive on June 18 . 1937 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of abdominal wall, secondary anemia & toxemia	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) Joseph J Fecher M. D.

(Address) South Balto Ven Hosp

36620 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36620

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2121 W Lexington St., 20-2 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary J Murray

If U. S. Veteran specify WAR .....

(a) Residence: No. 2124 W Lexington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Owen F Murray

6. DATE OF BIRTH (month, day, year) Aug 15 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash. D C

FATHER

13. NAME Marion Cady

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Celia McDermott

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Marie B Jones

(Address) 2124 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Wash DC Date 6/21 1937

19. UNDERTAKER Jones & Finley

(Address) Fulton & Fayette

20. FILED ..... 19..... Registrar.

JUN 23 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/3 1937 to 6/19 1937

I last saw her alive on 6/19 1937 Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/7/37
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel F Harrington M. D.

(Address) 1975 W. Balto

36621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 724 Bradley St. (Ward) 17-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo W. Dyson
If U. S. Veteran specify WAR

(a) Residence: No. 24 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Mar.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora Dyson

6. DATE OF BIRTH (month, day, year) Feb 14, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	2	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mills
10. Date deceased last worked at this occupation (month and year) Dec 26
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Rockingham Co Va

FATHER
13. NAME Tillman Dyson
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Mary L. Malcom
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lynwood Dyson
(Address) Bloomfield N. J.

18. BURIAL, CREMATION, OR REMOVAL
Place Crewe, Va Date June 22 37

19. UNDERTAKER Robt E. Killgore
(Address) 515 N. Eden St

20. FILED Harrisonburg Va June 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 19 36 to June 17, 19 37
I last saw h alive on June 11, 19 37. Death is said to have occurred on the date stated above, at 6:- p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 26

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation T. B. What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Conroy M. D.
(Address) Crewe Va

36622 E 36622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 36-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4225 Berger Ave St., 36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... moe. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Sarah Alice Whitney

(a) Residence: No. 4225 Berger Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Geo. P Whitney

6. DATE OF BIRTH (month, day, year) Oct. 2, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Gilbert Tschearn.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Mabel Larrimore
(Address) 4225 Berger Ave

18. BURIAL, CREMATION, OR REMOVAL Interment Place Mt Vernon Cem. Date 6-20th 1937

19. UNDERTAKER Dale Gaehill.
(Address) Timers Cove, Md.

... 19... Registrar

JUN 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec ... 1928, to June 20 ... 1937.

I last saw her alive on June 16 1937 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
1. Myocarditis	Dec 1928
Other contributory causes of importance:	
Senility	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Hardesty M. D.

(Address) 4810 Belair Rd.

F 36623 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36623

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1516 E. Fort ave St. 24-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John O'Connor
If U. S. Veteran specify WAR

(a) Residence: No. 1516 E. Fort ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Murray O'Connor

6. DATE OF BIRTH (month, day, year) Sept 23, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O RR Clerk
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER
13. NAME John O'Connor
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME ~~Ireland~~ Scott Kane
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward O'Connor
(Address) 1516 E. Fort ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date June 22 1937

19. UNDERTAKER Morgan-Lyon Funeral Home
(Address) 1422 Light St.

20. FILED JUN 21 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 1936 to June 19, 1937
last saw him alive on June 19, 1937 Death is said to have occurred on the date stated above, at 1.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Senility	
Other contributory causes of importance: Myocardial Failure	over

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Vincent M. Messina, M. D.
(Address) 1411 S. Eutaw St.

50819

36624

E 36624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-F

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Homer Burkstresser

(a) Residence: No. Usual Stop. St., ... Ward. New Florence Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Burkstresser

6. DATE OF BIRTH (month, day, year) Feb 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edward P. Howe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co Pa.

FATHER

13. NAME George Burkstresser

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Glenn J. Burkstresser

(Address) New Florence Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Lilly, Pa. Date 6/23/37

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Arlington Ave Huntingdon Pennsylvania

20. FILED ... Registrar.

JUN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to June 20, 1937

I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	
Other contributory causes of importance:	

Was an operation performed? yes Date of June 15, 1937

For what disease or injury? Carcinoma of Pancreas

Name of operation Cholecyst-Duodenostomy

What test confirmed diagnosis? clin Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Paul Shubert, M. D.

(Address) University Hospital

F 36625

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36625

CERTIFICATE OF DEATH

46-B

16-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 S. Clinton St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 15 dls. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dls.

2. FULL NAME Mary Brockman

If U.S Veteran specify WAR ...

(a) Residence: No. 1311 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Brockman

6. DATE OF BIRTH (month, day, year) May 3, 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Thomas

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Conrad Brockman
(Address) 1311 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date June 21, 1937

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED JUN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to June 18, 1937
I last saw her alive on June 18, 1937 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Paul Schreiber, M. D.
(Address) 1919 E. North ave.

E 36626

36626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) St. Joseph's Hospital 2629

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. if of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Katherine Russ

(a) Residence: No. 3811 Hudson St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman G. Russ

6. DATE OF BIRTH (month, day, year) Nov. 26 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Phillip Kapper

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Catherine Greser

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Herman G. Russ

(Address) 3811 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date June 22 1937

19. UNDERTAKER George W. Zipkin

(Address) 1737 E. Eager St.

20. FILED JUN 21 1937 H. Eugene Nottingham, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-37. 19

22. I HEREBY CERTIFY, That I attended deceased from June 17 1937 to June 19 1937

I last saw h.. alive on 6-19-37. 19.... Death is said to have occurred on the date stated above, at 3:25 P.M.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Chronic rheumatic heart disease	

Other contributory causes of importance:

Chronic nephritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank R. Steffenson M.D.

(Address) St. Joseph's Hospital

36627 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36627

CERTIFICATE OF DEATH

X✓ 46-B

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 5 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Benjamin Forwood

(a) Residence: No. Chestnut Ridge St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenleytown Md

FATHER

13. NAME John Forwood

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md

MOTHER

15. MAIDEN NAME Elizabeth Hare

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md

17. INFORMANT Chas J. Forwood
(Address) Chestnut Ridge Balto

18. BURIAL, CREMATION, OR REMOVAL Grace Church Cheltenham Date June 22 1937

19. UNDERTAKER H. C. Brookes
(Address) Ilchester Md

20. FILED JUN 21 1937 Huntington Williams, Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE 14, 1937 to JUNE 19, 1937

I last saw him alive on JUNE 19, 1937 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA STOMACH — Date of onset 1937

Other contributory causes of importance:

Was an operation performed? YES Date of JUNE 16, 1937

For what disease or injury? CARCINOMA STOMACH

Name of operation ANTERIOR GASTRO-ENTEROSTOMY

What test confirmed diagnosis? CLIN. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury...., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ....If so, specify .....

(Signed) Roland E. Breier, M. D.

(Address) University Hospital

F 36628

36628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH John Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No.) St. 3-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Calemyn Montague If U. S. Veteran specify WAR

(a) Residence: No. 1632 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12-1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry Montague

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth Stockmon

16. BIRTHPLACE (City or town) (State or country) Balto Md

17. INFORMANT Harry Montague
(Address) Balto Md

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date 6/21/37

19. UNDERTAKER J Hemmann & Son
(Address) 32 S Broadway

Filed JUN 21 1937 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ACC Date of injury 6/18, 1937

Where did injury occur? Broadway & Pratt Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck intersection

How injury occurred Pedestrian struck by truck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Stanley Amos M. D.
Coroner

(Address) 907 N. Charles

F 36629

36629 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Miss Lucy E Ellis.

(a) Residence: No. 3111 Pelham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 3rd 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Dressing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Parlor

10. Date deceased last worked at this occupation (month and year) July 1936

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edwin Ellis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary McGowan

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Mary Ellis (Mother)
(Address) 3111 Pelham Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cemetery Date June 22, 1937

19. UNDERTAKER Edwin W. Cook Klein
(Address) 924 E. Eager St.

20. FILED 1937 Registrar Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937, to June 18, 1937. I last saw her alive on June 18, 1937. Death is said to have occurred on the date stated above, at 5700 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix of Uterus.	Jan, 1936

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Schaulet M. D.
(Address) West Balto. Gen. Hosp.

F 36630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36630 ✓94-2

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4706 Eastern Ave.) (St.) (Ward) 6-3

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hedwig Gohrband

(a) Residence: No. 2534 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Gustave K. Gohrband

6. DATE OF BIRTH (month, day, year) April 7 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) January 37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gustave K. Gohrband
(Address) 2534 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL Date 6/21/37
Place Western Cemetery

19. UNDERTAKER John J. Foley & Sons
(Address) 1018 Light St.

6/21 1937 [illegible], Md.

V 86

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains of the above-named person and from the evidence I have, held an (Inquest, Autopsy or Inquiry) and that said deceased came to (his) death as stated (Inquest, Autopsy or inquiry) 2 pm, June 19 1937 at Hospital

The principal cause of death and related causes of importance were as follows:

Angina Pectoris, Date of onset

Other contributory causes of importance: Emphysema, Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas Cowan, M. D.
Coroner

(Address) 120 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36631 CERTIFICATE OF DEATH ✓ 24 F 36631

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Penitentiary Hosp St. 10-3 Ward)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Garnish

(a) Residence: No. 954 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25th 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	24 ds	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 1080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Garnish (Dead)

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

MOTHER

15. MAIDEN NAME Sidney Elkins

16. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

17. INFORMANT Mrs. Sidney Elkins
(Address) 449 E. Ingleside Ave, City

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Hill Date 6-21 1937

19. UNDERTAKER Jos. J. Gahan & Son
(Address) 1317 Light St

JUN 21 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5th 1935 to June 18th 1937

I last saw him alive on June 18th 1937. Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Meningitis — Date of onset 6-5-35

Other contributory causes of importance:

T.B. Osteomyelitis

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Aubrey M. D.

(Address) Temple Court apts 34th & Guilford

HEALTH DEPARTMENT—CITY OF BALTIMORE

36632 CERTIFICATE OF DEATH ✓ #24458 F 36632

46-E ST

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 18-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Long

If U. S. Veteran specify WAR .....

(a) Residence: No. 803 Vine St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married (sep.)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James

6. DATE OF BIRTH (month, day, year) 9/22/1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	50	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Carpenter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date June 22 37

19. UNDERTAKER Adolphus Halstead

(Address) 918 Richmond Ave. Huntington Station N.Y.

20. [illegible] 19..... Registrar.

JUN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 18 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 16 . 1937 to 6 - 18 . 1937

I last saw her alive on 6 - 18 . 1937 Death is said to have occurred on the date stated above, at 11 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Unk
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

36633 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36633

CERTIFICATE OF DEATH 45 11962 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 76-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C. Brown

If U. S. Veteran specify WAR .....

(a) Residence: No. 724 S. Conklin St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Brown

6. DATE OF BIRTH (month, day, year) 3-17-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Michael Brown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dale Lawn Date June 21, 1937

19. UNDERTAKER Lilly & Zirkin Bros

(Address) 4038 Reisterstown Rd

20. [illegible] 19 .....

21 1937 Huntington Pollock MD Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-28-36, 19 ..., to 6-18, 1937.

I last saw h[illegible] alive on 6-18, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower lip with metastasis and cachexia	2 yrs
Other contributory causes of importance:	

Was an operation performed? Yes Date of 1-29-36.

For what disease or injury? Carcinoma of lower lip

Name of operation Excision of lower lip

What test confirmed diagnosis? Pathology Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. C. Brantigan, M. D.

(Address) Baltimore City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36634

CERTIFICATE OF DEATH

✓ 93 F 36634

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6306 Harford Rd. St., 27-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Hebbel

If U. S. Veteran specify WAR .....

(a) Residence: No. 6306 Harford Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Christian Hebbel

6. DATE OF BIRTH (month, day, year) 11-14-853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.J.

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) N.J.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma L. Spalter

(Address) 6306 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 6/21/37

19. UNDERTAKER Leonard J. Finch

(Address) 5305 Harford Rd.

Filed JUN 21 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to June 18, 1937

I last saw h[er] alive on Jun 12, 1937 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocarditis (chronic)	2
2.	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene L. Cessna M. D.

(Address) 514 Drury Lane

AaCo. 5-31 250B

F 36635

36635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 926 Pierce 18-1 Ward)

Length of residence in city or town where death occurred 36 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Williams

(a) Residence: No. 926 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Williams

6. DATE OF BIRTH (month, day, year) July 4 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	54	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife — (10?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

MOTHER FATHER

13. NAME John Summerfield

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Maryland

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

17. INFORMANT Esther Harris

(Address) 704 N Fremont

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Date June 22, 1937

19. UNDERTAKER Mrs Katie A Williams

(Address) 322 S Schroeder St

20. FILED 1937 [illegible] Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1937, to 6/18, 1937

I last saw her alive on 6/18 1937 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/3/37
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David J. Mueller, M. D.

(Address) 172 N Lee

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36636

CERTIFICATE OF DEATH

V 155

F 36636

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 W. 40th St. 13-7 Ward)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Miss Hannett Brown Achey

(a) Residence: No. 700 W. 40th St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 15 1861

7. AGE: Years 76 | Months 3 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Frederick Achey

14. BIRTHPLACE (city or town) (State or country): Lebanon Pa

MOTHER

15. MAIDEN NAME: Harriet Brown

16. BIRTHPLACE (city or town) (State or country): Boston Mass

17. INFORMANT (Address): Home For Incurables 700 W 40th St

18. BURIAL, CREMATION, OR REMOVAL: Lorraine Cemetery Date June 22 1937

19. UNDERTAKER (Address): John Middendorf & Sons 1900 Eutaw Place

Registrar

JUN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feby 9, 1935 to June 18, 1937

I last saw her alive on June 18, 1937 Death is said to have occurred on the date stated above, at 8 08 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteritis Deformans	1931
Chr. acute Hyperitis and Cystitis.	5/14/37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? P. Exp Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W W B Mayo M. D.

(Address) Medical Arts Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

36687

CERTIFICATE OF DEATH

V131

F 36637

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6001 Charles St. Ave. St., 27-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Frances Bayne

(a) Residence: No. 6001 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced: RUSBAND of (or) WIFE of Beni. C. Bayne

6. DATE OF BIRTH (month, day, year) May 29, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William P. Carey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) C. Parker McPherson 6001 Charles St. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy. Date June 21, 1937

19. UNDERTAKER (Address) John Mitchell & Sons 1900 Eutaw Place

20. FILED JUN 21 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2 1937 to June 19 1937

I last saw h alive on June 19, 1937 Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Ch. Valv. Endocarditis	
Other contributory causes of importance: none	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jefferies Bucke M. D.

(Address) 5 Club Road Catonsville, Md.

36638

HEALTH DEPARTMENT—CITY OF BALTIMORE

36638

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5100 Druryn Oak Ave 28-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Lewis

If U. S. Veteran specify WAR

(a) Residence: No. 5100 Druryn Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary W. Lewis.

6. DATE OF BIRTH (month, day, year) July 25, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. S. Young Liquor Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo. H. Lewis

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Annie L Steward

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss Mary S. Lewis

(Address) 5100 Druryn Oak Ave.

18. BURIAL, CREMATION, REMOVAL Place Druid Ridge Date June 21, 1937

19. UNDERTAKER Wm Peckham Sons

(Address) North & Paca

20. FILED 19 Registrar

1937 Clayton Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937 to June 18, 1937

I last saw him alive on June 18, 1937. Death is said to have occurred on the date stated above, at 10.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 12

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. C. Smith M. D.

(Address) 4509 Liberty Hgts Ave

36639 HEALTH DEPARTMENT—CITY OF BALTIMORE 36639

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Ellamont Rd. Ward) 245-11

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 11 mos. 16 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marian Helen Dunderland

If U. S. Veteran specify WAR

(a) Residence: No. 3413 Ellamont Rd. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm W. Dunderland

6. DATE OF BIRTH (month, day, year) July 4, 1858

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	78	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Pearson

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER

15. MAIDEN NAME Elizabeth Wallace

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Pearson Dunderland

(Address) 3413 Ellamont Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date June 23 37

19. UNDERTAKER Wm Tickner & Sons

(Address) North & Pa Ave.

FILED ..... 19 ..... Registrar

Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from December, 1936 to June 20, 1937

I last saw her alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	1936

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) David Jenner M. D.

(Address) 1401 Cath Bldg

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36640 F 36640

CERTIFICATE OF DEATH

66-d

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp St. 25-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mainz Alma Alma Jeanette Mainz
If U. S. Veteran specify WAR

(a) Residence: No. 1912 Parksley St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry S. Mainz

6. DATE OF BIRTH (month, day, year) January 27, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	33	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Edward Wilkins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Amelia Stier

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. Harry S. Mainz
(Address) 1912 Parksley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 22 19 37

19. UNDERTAKER [illegible]
(Address) [illegible] E. Baltimore St.

JUN 21 1937 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937 to June 19, 1937
I last saw h[illegible] alive on June 9, 1937. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic adenoma - thyroid	?
Secondary hemorrhage (post operative)	6-19

Other contributory causes of importance:
Hypertrophy of thymus

Was an operation performed? yes Date of 6-19-37
For what disease or injury? Toxic adenoma
Name of operation Sub total thyroidectomy
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard B. Mayo M. D.
(Address) University Hosp.

53

F 36641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36641

Registered No. 4183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier 6 - Pratt St. 6 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Peter Foster

(a) Residence: No. 406 N. Wolfe St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hard work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Edward Hollis

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Hollis

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Alberta Hollis

(Address) 406 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 6/21/37

19. UNDERTAKER Elroy O. Wilson

(Address) 1000 Biltmore Ave.

JUN 21 1937 Washington, North Carolina

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest did find that said deceased came to ... death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning (Probably accidental)	

Other contributory causes of importance: No

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/18/37

Where did injury occur? Pier 6 - Pratt St. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Fell overboard

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schumm, M. D.

Coroner

(Address) 14 E. North Ave.

V 6 6

36642

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36642

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine McCauley (21515)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1 Tyrone St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 16, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	8 9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph McCauley

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Goldie Rotan

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. June 21st 1937

19. UNDERTAKER Leo G. Cook
(Address) 1703 N. Patterson Park Ave

20. FILED JUN 21 1937, 19..... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937 to June 17, 1937

I last saw her alive on June 17, 1937. Death is said to have occurred on the date stated above, at 4:35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	March 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No
(If so, specify) .....

(Signed) Dan H. Feldman, M. D.

(Address) Baltimore City Hospitals.

36643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 36643

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1807 Hennenman Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Josephine Schwatka

If U.S. Veteran specify WAR

(a) Residence: No. 1807 Hennenman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Biddison Schwatka

6. DATE OF BIRTH (month, day, year) Sept 13, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 6 mo

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME George Reid

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

MOTHER

15. MAIDEN NAME ? Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Husband Wm Schwatka

(Address) 1807 Hennenman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Waugh Chapel Date June 23rd 1937

19. UNDERTAKER Leo G. Lesher

(Address) 1703 N. Patterson Park Ave

20. FILED JUN 21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to June 20, 1937

I last saw her alive on June 19, 1937. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen T. Magennis M. D.

(Address) 1425 N. Gay Street

23047 MD

HEALTH DEPARTMENT—CITY OF BALTIMORE

36644

CERTIFICATE OF DEATH

94-3 F 36644

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 21-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lottie Sullivan

(a) Residence: No. 864 Carroll St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 3-7-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Kellum

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ida Kirkendall

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Mt. Michael Cemetery Date June 22, 37

19. UNDERTAKER Frederick J. Bradshaw Son
(Address) 7401 Belair Road

20. FILED ..... 19 .....
JUN 21 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19 .1937

22. I HEREBY CERTIFY, That I attended deceased from 4-26 .1937 to 6-19 .1937

I last saw h.e alive on 6-19 .1937 Death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 mo
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

36645 E 36645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 E Highland Ave 26-10 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Marquardt Schumann

If U. S. Veteran specify WAR .....

(a) Residence: No. 232 E Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Christine Schumann

6. DATE OF BIRTH (month, day, year) May-20-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Navy Yard-Wash

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Schumann.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Schick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Christine Schumann
(Address) 232 E Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Emanuel Cem Date June-22-1937

19. UNDERTAKER Wm H Miller Inc
(Address) 1435 E Monument St

20. FILED June 21 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-19-1937

22. I HEREBY CERTIFY, That I attended deceased from June 13th, 1937 to June 19th, 1937

I last saw him alive on June 19th, 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7 days
Other contributory causes of importance: Acute Dilatation of Heart	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Tankersley M. D.

(Address) 1192 N Milton Ave

3366 461 3384

HEALTH DEPARTMENT—CITY OF BALTIMORE 30646

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 4-2 St. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Merkis If U. S. Veteran specify WAR

(a) Residence: No. 717 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta Merkis.

6. DATE OF BIRTH (month, day, year) 4/22/88

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	1	27.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Cem 6/22 37

19. UNDERTAKER John J. Grant & Son (Address) 90 Hollins St.

20. FILED JUN 21 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13 1937 to June 19 1937

I last saw him alive on June 19 1937 Death is said to have occurred on the date stated above, at 10 30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Peptic Ulcer	6-12-37
Peritonitis	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-12-37

For what disease or injury? Perforated Ulcer

Name of operation Laparotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Kruglov M. D.

(Address) The Johns Hopkins Hosp

Spec.—1-30—M. & T.—250 Bks.

F 36647

36647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-C

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 E Oliver ST., 8-3 WARD)

2-FULL NAME Millard Ballendar Jr 3rd

(a) RESIDENCE NO. 2534 E Oliver ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 21 1937

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER Millard Ballendar Jr 2nd

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ruth Puckett

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Millard Ballendar Jr 2nd
(Address) 2534 E Oliver

15 Filed ..... 19 ..... Registrar

27 1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21 1937

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to June 21, 1937,

that I last saw h[illegible] alive on June 21, 1937,

and that death occurred, on the date stated above, at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Congenital perforation heart

No Operation

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY
(Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Reagan M.D., M. D.

, 19 (Address) 305 N Patterson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount.

DATE OF BURIAL June 21, 1937

UNDERTAKER Millard B Ballendar Jr

ADDRESS 1528 Milton Ave

36648 F 36648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2830 Montebello Terrace Ward) 27-2

Length of residence in city or town where death occurred 86 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Keagle

If U. S. Veteran specify WAR

(a) Residence: No. 2830 Montebello Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel Frances Keagle

6. DATE OF BIRTH (month, day, year): Dec. 19 1851

7. AGE: Years 86 | Months 6 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME George Keagle

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Mrs Robert L. Boarman

(Address) 2830 Montebello Terrace

18. BURIAL, CREMATION OR REMOVAL: New Cathedral Cemy Date June 22 1937

19. UNDERTAKER: Henry Hoeck Sons, Inc

(Address) 1301 E. Eager St

JUN 21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to June 19, 1937

I last saw h[illegible] alive on 6/14/37 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myer Feldman M.D.

(Address) 5103 Reisterstown Rd

✓ F 36649

HEALTH DEPARTMENT—CITY OF BALTIMORE

36649

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 16-1 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mahala Brown

(a) Residence: No. 1118 Carson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, (Widowed), or Divorced, (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) February 1, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	✓ 4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Adelaide Green
(Address) 1139 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date June 21 1937

19. UNDERTAKER Mrs. Hope H. Holland
(Address) 1631 Druid Hill Ave

20. FILED ..... Registrar

17 NAA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1119 E. North Ave.

M. D. B 1265-9

✓ F 36650

36650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Pierce

(a) Residence: No. 1206 Etting St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Britin Pierce

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME ~~.....~~ Leech

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Rosie Farrett

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Betty Leach

(Address) 1404 105 Ave. Jacama Island N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Pittsboro, N.C. Date June 22, 1937

19. UNDERTAKER Mrs. George H. Kellam

(Address) 1618 Hillsdale Ave

20. FILED JUN 21 1937 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Attorney or Inquiry)
obtained by said Inquiry and that said deceased came (Inquest, Attorney or Inquiry)
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [signature] Coroner, M. D.

(Address) 2757 Kenyon

E 36651

HEALTH DEPARTMENT—CITY OF BALTIMORE

36651

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Thompson (Unknown) (22950)

If U. S. Veteran specify WAR

(a) Residence: No. 2121 Madison Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	~~Married~~ Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lester

6. DATE OF BIRTH (month, day, year) August 1, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Will Hudgens

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Etta ?

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen M.C. Date 6/21/37 19

19. UNDERTAKER [illegible] J. H. Ballard
(Address) [illegible]

20. FILED [illegible] Williams, M.D.
6-21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to June 18, 1937

I last saw her alive on June 18, 1937 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	April 1937
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leon H. Feldman M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

36652 F 36652

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2906 (St.) Parkwood Ave (Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? 17 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Friedman

(a) Residence: No. 2906 (Usual place of abode) Parkwood Ave St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bertha

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bertha Friedman (Address) 2906 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Ner Mod Cemetery Date 6/21/37

19. UNDERTAKER Jack Lewis Inc (Address) 1745 Bolton St

Registered Williamson

21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20/1937

22. I HEREBY CERTIFY, That I attended deceased from April 1937 to June 20 1937

I last saw him alive on June 20 1937. Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1934
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sputum specimen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jack Cohen M. D.

(Address) 1804 Eutaw Place

HEALTH DEPARTMENT—CITY OF BALTIMORE

36653

CERTIFICATE OF DEATH

95-13 F 36653

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1246 Hargett Lane St., 9-8 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Ellen Frances De Ruff DE RUFF If U. S. Veteran specify WAR

(a) Residence: No. 1246 Hargett Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William H. De Ruff

6. DATE OF BIRTH (month, day, year): Jan 1 1878

7. AGE — Years: 59 — Months: 5 — Days: 19 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mahony Plains, Pa

13. NAME: Henry Jones

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Sarah Brennan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Wm. H. De Ruff

(Address) 1246 Hargett Lane.

18. BURIAL, CREMATION, OR REMOVAL

Place: Forth Amboy N.J. Date: June 24 1937

19. UNDERTAKER: Margaret L. Flynn

(Address) 1122 Light St.

1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 21st 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1937 to June 21st 1937

I last saw her alive on June 20th 1937 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardiovascular disease	7

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? P. T. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Weiss M. D.

(Address) 1224-26 Hanover St.

✓ F 36654

36654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Morton

(a) Residence: No. 1023 West Enrale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-30-37

7. AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME James Morton

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lorietta Wright

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JUN 21 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19 [illegible]

1937 3302 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937, to May 31, 1937

I last saw him alive on May 31, 1937. Death is said to have occurred on the date stated above, at 7:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. W. Overstreet M. D.

(Address) The Johns Hopkins Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

F 36655

F 36655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp ST. 12-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Fraley

(a) RESIDENCE NO. 314 E Lanvale ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	wh	—

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 6-20-37

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER John Fraley

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md.

12 MAIDEN NAME OF MOTHER Phoebe Russell

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Penn.

Informant

(Address)

Filed 6 21 1937 Huntington Williams
3304 N Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21/37

17 I HEREBY CERTIFY, That I attended deceased from 6-20, 1937, to 6-21, 1937, that I last saw h... alive on 6-21, 1937 and that death occurred, on the date stated above, at 3 30 a m.

The CAUSE OF DEATH* was as follows:

prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) M. Dorfman, M. D.

, 19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
UNIVERSITY MEDICAL SCHOOL JUN 21 1937	19
20 UNDERTAKER Commissioner of Health	ADDRESS
Per H. A. Moore	

F 36656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Edward Jenifer

If U. S. Veteran specify WAR .....

(a) Residence: No. Charlotte Hall St., ... Ward. St Mary's Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	-

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-10-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME James Edw Jenifer

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Catherine Bowman

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL Date JUN 21 1937

19. UNDERTAKER Commissioner of Health

(Address) Per H. A. Moore

20. FILED 19 H. Leighton Williams

JUN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from JUNE 9, 1937, to JUNE 13, 1937

I last saw him alive on JUNE 13, 1937. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	
	about

Other contributory causes of importance:

Syphilis & Malnutrition

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation .....

What test confirmed diagnosis? Culture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert Emery, M. D.

(Address) Johns Hopkins Hosp.

F 36657

F 36657 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 21112--CM

27-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City hospts. St. 18-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora ~~Forrester~~ Foster

If U. S. Veteran specify WAR

(a) Residence: No. 808 W. Mulberry St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 4-3-~~1918~~ 1919

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18. ~~19~~	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Isaac ~~Forrester~~ Foster

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rachael Tasher

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records of Balto. City hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 22, 1937

19. UNDERTAKER Mr Katie R. Williams
(Address) 322 N Schroeder St.

JUN 21 1937 [illegible] Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18-37

22. I HEREBY CERTIFY, That I attended deceased from 2-15-37. 19.. to 6-18. 1937

I last saw her alive on 6-18. 1937 Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Osteomyelitis of right femur	?
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. G. Brantigan M. D.

(Address) Baltimore City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36658

CERTIFICATE OF DEATH

131

F 36658

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2724 Guilford St. 12-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Lillie May Fogle

If U. S. Veteran specify WAR .....

(a) Residence: No. 2724 Guilford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sheridan A. Fogle

6. DATE OF BIRTH (month, day, year) May 31, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 6-18-37

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

FATHER

13. NAME Wm. P. Smith

14. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

MOTHER

15. MAIDEN NAME Margaretta Martin

16. BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

17. INFORMANT Sheridan A. Fogle

(Address) 2724 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Mt. Labor Cemetery Date 6/22/37

19. UNDERTAKER Harry E. Whitehead

(Address) 4101 Edmondson Ave

JUN 21 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-17-1936 to 6-18-1937

I last saw her alive on 6-18-1937 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vasculo-renal disease	Unknown
Apoplexy	6/18

Other contributory causes of importance:

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm B. Sybert M. D.

(Address) 2802 Harford Ave

F 36659

36659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1652 JS

5-123 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR

2. FULL NAME Fred Markgraf

(a) Residence: No. 109 Aisquith St. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-6-1890

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	47	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Hopkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 6/21 1937

19. UNDERTAKER John J. Donnelly

(Address) Essex Md.

FILED 19 Registrar.

21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18-1937

22. I HEREBY CERTIFY, That I attended deceased from 3-24-1934 to 6-18-1937

I last saw him alive on 6-18-1937. Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

(a) Spontaneous Pneumothorax — Date of onset 7 hrs.

Other contributory causes of importance:

Pulmonary Tuberculosis — Date of onset unk

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

(Heiner) v

HEALTH DEPARTMENT—CITY OF BALTIMORE

366660 366660

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 12-1 47-B

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Kent Heiner

(a) Residence: No. 313 Suffolk Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gorden G. Heiner

6. DATE OF BIRTH (month, day, year) Dec. 28, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME L. F. Kent

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME L. T. Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Gorden Heiner
(Address) 313 Suffolk Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Arlington Date June 22 1937

19. UNDERTAKER Henry H. Jenkins Son & Co
(Address) Cathedral & Mulberry Sts

JUN 21 1937 Huntington Williams, MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry) to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 19, 19

For what disease or injury? Carcinoma of Lung

Name of operation Exploratory Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. R. Heiner Coroner, M. D.

(Address) 2257 W Franklin

24401 MD ✓F 36661

36661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Waters

If U. S. Veteran specify WAR

(a) Residence: No. 320 N. Stricker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married (Separated)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda

6. DATE OF BIRTH (month, day, year) 10-9-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
42	42	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Georgia Johnson

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lion Cemetery, Date 6-21 1937

19. UNDERTAKER Kate F. Wallace

(Address) 332 N. Stricker St

20. [illegible] 19

Registrar.

1937 [illegible] for Whitaker

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14, 1937 to 6-17, 1937

I last saw him alive on 6-17, 1937 Death is said to have occurred on the date stated above, at 2:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lung	1yr
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Post

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hosp.

F 36662

36662 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1127 N. Carey St., 16-1 Ward)
Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Fletcher Drummond
If U. S. Veteran specify WAR .....
(a) Residence: No. 1127 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Heather Drummond

6. DATE OF BIRTH (month, day, year) May 16, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER
13. NAME Handy Drummond
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Louisa Drummond
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hester Drummond (wife)
(Address) 1127 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL Laurel Cemetery 6-22-1937
Place

19. UNDERTAKER John M. Thyson
(Address) 1700 Druid Hill Ave

21 1937 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1937 to June 19 1937
I last saw him alive on June 19 1937 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows: Cerebral Apoplexy — Date of onset June 13

Other contributory causes of importance: Acute Myocarditis, Pulmonary Edema

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm. A. Bayley M. D.
(Address) 1420 E. Chase

36663 F 36663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 46-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. General Hospital St. 3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Webster Johnson
If U. S. Veteran specify WAR

(a) Residence: No. Olney Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie May Ricketts

6. DATE OF BIRTH (month, day, year) June 24 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Silver Springs Lbr Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

FATHER

13. NAME James E. Johnson

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

MOTHER

15. MAIDEN NAME Martha Ellen Leach

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Annie May Ricketts Olney Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laytonsville Md Date June 23 1937

19. UNDERTAKER Rexall Parker Laytonsville Md
(Address)

20. FILED JUN 22 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 1 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and liver	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5-22-37

For what disease or injury? Carcinoma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/21/1937

Where did injury occur? Silver Springs Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fell from Scaffold

Nature of injury Fracture 3 ribs on right side

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Wayne Croner M. D.
Coroner

(Address) 1216 Hanover

F 36664

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36664

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH South Baltimore Gen'l Registered No.

CITY OF BALTIMORE: (No. 18-1 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry M Groos If U. S. Veteran specify WAR

(a) Residence: No. 1936 Franklin St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Groos

6. DATE OF BIRTH (month, day, year) 5-6-1893.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Edmonds Md

FATHER

13. NAME Mack Groos

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Mimy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Groos.
(Address) 936 Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Interred - Cabaret Cemetery Date 6/22 1937

19. UNDERTAKER Lord J. P. Chase & Son
(Address) 638 N. Gilmor

FILED 19 Registrar

JUN 22 1937 Huntington Indiana, No

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fracture skull	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/19 1937

Where did injury occur? Brooklyn Ave & Potapsco
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by Auto

Nature of injury Car ruled over

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert Gentry Auto M. D.
Coroner

(Address) 907 N Chaucer

F 36665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Gibbons Ave. St. 27-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mazie J. Tyler

If U. S. Vet. specify WAR No Record

(a) Residence: No. 3100 Gibbons Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Tyler

7. DATE OF BIRTH (month, day, year) Oct 31, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md

FATHER

13. NAME George Anderson

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Martha C. Stansbury

16. BIRTHPLACE (city or town) (State or country) Harford Co Md.

17. INFORMANT Mrs William P. Klebe

(Address) 3100 Gibbons Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 22nd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 22 1937 Eugene Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/18/37, 1937, to 6/20/37, 19

I last saw her alive on 6/18/37, 1937. Death is said to have occurred on the date stated above, at 5:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934
Other contributory causes of importance: Pulmonary hemorrhage	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Brooke Bayle, M. D.

(Address) 5309 Hanford Road

F 36666 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36666

CERTIFICATE OF DEATH

V 93-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1237 N Caroline St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Fredericka C Hartman

(a) Residence: No. 1237 N Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of X

7. DATE OF BIRTH (month, day, year) Feb 12, 1863

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Fredericka Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary E Snyder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma Willis

(Address) 1237 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem Date 6-23-37

19. UNDERTAKER Wilson Cole

(Address) 1217 E Fort Ave

Filed JUN 22 1937 A. Eugene Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 1937 to June 21 1937

I last saw h alive on June 21 1937 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pulmonary Chr myocarditis	?

Other contributory causes of importance:

Multiple sclerosis	?
Cerebral Embolism	June 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. P. Fahrney M. D.

(Address) 2939 Fr Ave

F 36667

36667 HEALTH DEPARTMENT—CITY OF BALTIMORE

SF

CERTIFICATE OF DEATH √ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Life 24-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Vet. specify W.A. No Record

2. FULL NAME John W. Sykes

(a) Residence: No. 420 E. Clement St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

7. DATE OF BIRTH (month, day, year) 2/1/1855 or 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	82	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME John W. Sykes

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Virginia Cameon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date June 23rd 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.
6-24 1937 Ft Lincoln Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-21 1930 to 6-21 1937

I last saw him alive on 6-21 1937 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5 Days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

36668 HEALTH DEPARTMENT—CITY OF BALTIMORE 36668

CERTIFICATE OF DEATH √46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 Poplar Grove Street St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Vet. specify WAR No Record

2. FULL NAME Herman R. Travers

(a) Residence: No. 1717 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Gormley Travers

7. DATE OF BIRTH (month, day, year) Oct. 30, 1862

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poole Co.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Matthews Travers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME)Unknown) Varnece

16. BIRTHPLACE (city or town) (State or country) St. Thomas Island

17. INFORMANT Mrs Anna Travers Burns
(Address) 1717 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 22nd 37

19. UNDERTAKER Wm Cook & Son
(Address) 1217 Park St

20. FILED 19 Registrar.

6-22-1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/19/37 19 to 6/20/37 19

I last saw him alive on 6/19/37 19 Death is said to have occurred on the date stated above, at 9:35 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of Death 6/18/37

Other contributory causes of importance: Pneumonia Hemorrhage from Stomach

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Dr. R. F. Shepherd M. D.

(Address) 1120 St. Paul St.

36669 HEALTH DEPARTMENT—CITY OF BALTIMORE 36669

CERTIFICATE OF DEATH

1. PLACE OF DEATH Brooklyn Ave & Patapsco (Sea Gate) 210 M

CITY OF BALTIMORE: (No.) St. 23-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter Brown

(a) Residence: No. 135 Lesdunlade St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Brown

6. DATE OF BIRTH (month, day, year) Aug 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Md

FATHER

13. NAME Reuben Brown

14. BIRTHPLACE (city or town) (State or country) Louisville Md

MOTHER

15. MAIDEN NAME Mary Johns

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Crosby (sister)
(Address) 1016 Hollins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date June 22, 1937

19. UNDERTAKER Wm H Speight & Sons

(Address) 134 W Baltimore St

20. FILED 19 Registrar

JUN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Injury inquest and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Int Fracture	
Fracture left leg thereof	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Accident Date of injury 6/19, 1937

Where did injury occur? Brooklyn & Patapsco Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by car driven by

Nature of injury Fractured leg

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur Gurley Jones, M. D.
Coroner

(Address) 902 N Charles

F 36670

6670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. 16-1

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 923 N. Carrolton ave St., 16-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME ~~James Lee~~ Melvin Lee
(a) Residence: No. 923 N. Carrolton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of 16 1930

6. DATE OF BIRTH (month, day, year) ~~June~~ April 16 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME James Lee
14. BIRTHPLACE (city or town) (State or country) N.C.
15. MAIDEN NAME Amanda Barnes
16. BIRTHPLACE (city or town) (State or country) Va.
17. INFORMANT James Lee
(Address) 923 N. Carrolton ave
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 6/22 37
19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Pressman st
20. FILED ..... 19 ..... Registrar.
June 22 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1937
22. I HEREBY CERTIFY, That I attended deceased from June 20th, 1937 to June 20, 1937
I last saw him alive on June 20th, 1937. Death is said to have occurred on the date stated above, at 8.45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:
Lober Pneumonia (Bilat) — Date of onset June 19th. 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of Physician Physical Exam Date of A
What test confirmed diagnosis? ..... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Walter J. Jackson M. D.
(Address) 16 W. Franklin st

Fr. Calais - 4 S. Fulton Ave

36671 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36671

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3463 Hickory Ave St. 13-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alice Baublitz

(a) Residence: No. 3463 Hickory Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Baublitz

6. DATE OF BIRTH (month, day, year) Oct 21, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER

13. NAME Henry Eburgh

14. BIRTHPLACE (city or town) (State or country) md.

FATHER

15. MAIDEN NAME Mary M. Singel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Burtmary Baublitz

(Address) 3463 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL md

Grave Fun Land 60 Date June 23 19 37

19. UNDERTAKER Clinnow & Son

(Address) 3615-17 Fulton Ave

JN 22 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to June 21, 1937.

I last saw her alive on June 20, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	

Other contributory causes of importance:

Chronic myocarditis & hypertension

Chronic nephritis - Deficiency.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alan Lee MB, M. D.

(Address) 4 N. Fulton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

36672 F 36672

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Emgral Hosp. 11-3 186-a Registered No.

CITY OF BALTIMORE: (No. 4306 Leeds Ave St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doretta Young If U. S. Veteran specify WAR

(a) Residence: No. 4306 Leeds Ave St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of William A Young

6. DATE OF BIRTH (month, day, year) June 14 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Charles E Willett

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Elizabeth Bereze

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mr William A Young

(Address) 4306 Leeds Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 22 1937

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED 19 Registrar

6-2 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above at 9 37 a m,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain	

Other contributory causes of importance Diabetes & High blood Pressure

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

(Accident) suicide, or homicide? Accident Date of injury 6/17 1937

Where did injury occur? 4306 Leeds ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell down stairs & fractured

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Gary Garner M. D. Coroner

(Address) 1215 Harrison

36673 HEALTH DEPARTMENT—CITY OF BALTIMORE 36673

CERTIFICATE OF DEATH

Registered No. 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 E. Federal St., 8-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Caroline Driscoll

(a) Residence: No. 1513 E. Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mark V Driscoll

6. DATE OF BIRTH (month, day, year) July 11 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	— 11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Theodore A Sturm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Theodore Sturm (Brother)

(Address) 135 N Ostend St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 23 1937

19. UNDERTAKER John F Denny

(Address) 915 W Fayette St Baltimore, Md

Registrar

JUN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul A Hunter Coroner, M. D.

(Address) 1919 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36674

CERTIFICATE OF DEATH

48 F 36674

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital St., 1200 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Carlina Herder

(a) Residence: No. Southern Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius Herder

7. DATE OF BIRTH (month, day, year) May 25 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ida A, Whaley

(Address) Southern Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem Date June 23 1937

Westminster, Md.

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place, City

JUN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5 1937 to June 20 1937.

I last saw her alive on June 20 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Unknown

Other contributory causes of importance: Exhaustion

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert S. Blake M. D.

(Address) Med. arts Bldg.

M. D. D. 1268-9

E 36675 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B E 36675

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Stricker St. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. -mos.--ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret V. Bichell. If U. S. Veteran specify WAR .....

(a) Residence: No. 414 N. Stricker St. St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~married, widowed, or~~ ~~divorced~~ (or) WIFE of John L. Bichell.

6. DATE OF BIRTH (month, day, year) September 29, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Richard C. Nicholson.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT G. Richard Cashell. (son)
(Address) 2407 Wentworth Rd.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date June 22 1937

19. UNDERTAKER John O. Mitchell Sons
(Address) For Entire Place

Filed JUN 22 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alo M Rembaud M. D.
Attender

6/21/37 (Address) 1017 S. Charles St.

36676 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36676

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Rusputh St. 10-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Parker

If U. S. Veteran specify WAR

(a) Residence: No. 811 Ausputh St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Parker

6. DATE OF BIRTH (month, day, year) Feb 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School dist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER'S FATHER'S

13. NAME John Fairfax

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maria Smith

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Ivory L. Parker (Address) 1234 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Place Frederick Md. Date 6/23/37

19. UNDERTAKER Joseph G. Lockard (Address) 1392 Jefferson St.

20. FILED , 19 Registrar.

JUN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-1937

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 1937, to 6/19, 1937

I last saw h.. alive on 6/18, 1937 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch nephritis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury? no

Name of operation

What test confirmed diagnosis? Physical + Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. L. Homestead, M. D.

(Address) 733 ausputh St

F 36677

F 36677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 56

1. PLACE OF DEATH

Registered No. 23-1

CITY OF BALTIMORE: (No. 1045 Ridgely St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Alex. Ziegler. If U. S. Veteran specify WAR

(a) Residence: No. 1045 Ridgely St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	-----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry A. Ziegler.

14. BIRTHPLACE (city or town) (State or country) York, Pa.

MOTHER

15. MAIDEN NAME Caroline Belt.

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Joseph Weber.
(Address) 1045 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date June 22 1937

19. UNDERTAKER Ambrose Inc.
(Address) 707 W. Lexington St.
Lexington Williams
(Registered)

Date 6-22-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt M. D.
Coroner

6/21/37 (Address) 1017 St. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36678

CERTIFICATE OF DEATH

1745

F 36678

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Hooper -

(a) Residence: No. 1625 Mulliken St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S -

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5 - 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME Charles Hooper

14. BIRTHPLACE (city or town) (State or country) Cambridge md

15. MAIDEN NAME Georgie Stewart

16. BIRTHPLACE (city or town) (State or country) Cambridge

17. INFORMANT Charles Hooper

(Address) 1625 Mulliken

18. BURIAL, CREMATION, OR REMOVAL Arbutus Memorial Park June 22 37

19. UNDERTAKER Robert E. Cooney

(Address) 504 N. Carrollton Ave

20. FILED 6-22-1937 Huntington Williams

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18. 1937

22. I HEREBY CERTIFY, That I attended the deceased from quest + Autopsy

(Inquest, Autopsy or Inquiry)

Inquest + Autopsy

(Inquest, Autopsy or Inquiry)

his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Date of onset

Stab wound of Heart and Hemorrhage. June 18 1937.

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Probing Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury June 18 1937

Where did injury occur? Front of 241 Bond St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place - 241 Bond St.

Manner of injury Sustain Blade Knife stab in chest

Nature of injury Stab wound heart causing hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Coroner)

(Address) 50 Augusta St.

V S 6

F 36679

36679 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Bond St., 7-5 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William H. Davis

If U. S. Veteran specify WAR .....

(a) Residence: No. 503 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Davis

6. DATE OF BIRTH (month, day, year) 6-6 1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0440

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomack Co Virginia

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Clara White

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Emma Davis

(Address) 503 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Evergreen Cemetery Date June 22 1937

19. UNDERTAKER Mrs Lida Bailey

(Address) 14 W. Jefferson St

20. FILED June 22 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18- 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14- 1937 to 6-18- 1937

I last saw h. alive on 6-17- 1937. Death is said to have occurred on the date stated above, at 5.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Peptic Ulcer.	Unknown
Other contributory causes of importance: Same.	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Wm H. Cargill M. D.

(Address) 611 N. Carolina

36680 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36680

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Ashland Ave St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Eden

If U. S. Veteran specify WAR .....

(a) Residence: No. 1824 Ashland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Eden

6. DATE OF BIRTH (month, day, year) Apr -- 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	9	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Columbus Riley

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah Tracy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Mary Riley

(Address) 1824 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 6/22/37

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Orleans St

20. FILED ... 19... Registrar.

22 1937 Huntington Milwaukee, Wis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1937, to June 19, 1937

I last saw h[illegible] alive on June 19, 1937. Death is said to have occurred on the date stated above, at 9 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	[illegible]
Other contributory causes of importance: Chronic Myocarditis + Cholelithiasis	10 days

Was an operation performed? ... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Frank J. Ayd, M. D.

(Address) 2005 E. Monument St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36681 36681

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 N. Bentalou St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Theresa M. Kuemmel

(a) Residence: No. 33 N. Bentalon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Henry B. Kuemmel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Kuhn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry B. Kuemmel

(Address) 33 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 23 1937

19. UNDERTAKER Gorsuch & Ashcraft

(Address) 2101 Eutaw St.

20. FILED 19 Registrar, M. D.

JUN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to June 1937; I last saw h[illegible] alive on June 13 1937. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance are as follows:

	Duration
Arteriosclerosis	1932
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert H. Mortimer M. D.

(Address) 2801 St Paul St

F 36682

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36682

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 7-S Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME James Robert Kelly

(a) Residence: No. 602 N Bond St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mahala Kelly

6. DATE OF BIRTH (month, day, year) July 28-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hurlockville Md.

FATHER

13. NAME James Kelly

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Sarah Mattie Kelly

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Mahala Kelly

(Address) 2026 Eager St

18. BURIAL, CREMATION, OR REMOVAL

Filed Mt Calvary Cem. Date June 23 1937

19. UNDERTAKER Esther A Elliott daughter

(Address) 1129 N Eutaw St

20. FILED JUN 22 1937 Registrar, Baltimore, Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia — Date of onset June 18 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Allen, M. D.
Coroner

(Address) 507 Eutaw St

Edgewood Sanatorium

F 36683 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36683

CERTIFICATE OF DEATH V 53C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 6000 Belloma ave (St.) (Ward) 27-12

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51yr mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Adrian Fletcher

(a) Residence: No. Stemmers Run Hopewell ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Mulatto	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Fletcher

6. DATE OF BIRTH (month, day, year) 4-2-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt md

FATHER

13. NAME Geo. Groomes

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary A Latcimore

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Robert Fletcher
(Address) Hopewell ave Stemmers Run

18. BURIAL, CREMATION, OR REMOVAL
Place St Petersburg. Date 6-23- 1937

19. UNDERTAKER Bryant Mamie W. Wright
(Address) 521 N Eden & Eden St

JUN 22 1937

Huntington Wilkinson, M.D. Registrar

VSG

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro Spinal Meningitis -	

Other contributory causes of importance: Generalized Arteriosclerosis

Was an operation performed? Date

For what disease or injury? Removal tumor of Brain

Name of operation Removal of Brain tumor

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) John J Graves M. D. Coroner

(Address) 612 N 40 St

F 36684 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36684

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital Registered No. 25-1210-M
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 25 Ward) 1

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Dorsey

(a) Residence: No. Elkridge Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Dorsey

6. DATE OF BIRTH (month, day, year) 3/5/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as bricklayer, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month, day, year) 6/9/37

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Peter Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Redmond

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Sarah Dorsey Elkridge Md
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laffey's Cem Date June 22 1937

19. UNDERTAKER Easton Bros
(Address) Ellicott City

Huntington Williams, Jr
Registrar

JUN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9/37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry and that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance	

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/9/37
Where did injury occur? West Blvd near Elkridge
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
How was injury sustained? Hit by Auto while crossing street

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert Gunby Auto M. D.
Coroner
(Address) 912 N Chas

U S 8

36685

HEALTH DEPARTMENT—CITY OF BALTIMORE

36685

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 Bayard St. 21-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George D. Grimes

If U.S. Veteran specify WAR NO.

(a) Residence: No. 1003 Bayard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Margaret M. Grimes

6. DATE OF BIRTH (month, day, year): Sept. 22. 1872

7. AGE: Years 64. Months 8 Days 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Oct. 1931

11. Total time (years) spent in this occupation: 45420

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Charles Grimes

14. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

15. MAIDEN NAME: Martha Oler.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Margaret M. Grimes
(Address) 1003 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL.
Place: Good Shepherd, Bayard Co. Md. Date: June 23. 37

19. UNDERTAKER: Mrs. John M. Tenfel & Son
(Address) 201 W. Fayette St.

20. FILED JUN 22 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 20. 1937.

22. I HEREBY CERTIFY, That I attended deceased from 6/16/37 to 6/20/37

I last saw h... alive on 6/20/37, 19.. Death is said to have occurred on the date stated above, at 12.25 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 6/16/37

Other contributory causes of importance: Hemiplegia — 6/16/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If ... (signed) Shepherd Brown, M. D.

(Address) 32 ... Bay

M. D. B 1268-9

36686 HEALTH DEPARTMENT—CITY OF BALTIMORE 36686

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital. St. 2-5-1 Ward)

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [redacted] yrs. [redacted] mos. [redacted] ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Francis Keene Clements. If U. S. Veteran specify WAR.....

(a) Residence: No. Old Frederick Rd. nr. Charing Cross. Ward. Gate Ho Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of [redacted] Maude Clements.

6. DATE OF BIRTH (month, day, year) October 26, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P. Telephone Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Francis N. Clements.

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME --------- Pitts.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Maude Clements. (wife)

(Address) Old Frederick Rd Charing Cross

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 6/22, 1937

19. UNDERTAKER Henry T. Little

(Address) 1612 E. Monument Ave.

21. FILED JUN 22 1937 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of the brain due to a pistol shot wound of the right temple. Suicide	6/19/37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 6/19/37

Where did injury occur? At his home. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Pistol shot wound.

Nature of injury Laceration of the brain.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Otto M. Reinhardt M. D.

6/21/37 (Address) 1017 S. Charles St. (Coroner)

36687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 36687

Registered No. 93-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3903 Sinclair Lane Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John August Rothamel If U. S. Veteran specify WAR

(a) Residence: No. 3903 Sinclair Lane St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Amelia Rothamel

7. DATE OF BIRTH (month, day, year) Aug. 9, 1861

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Forester

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest Products

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

MOTHER'S MAIDEN NAME

13. NAME George Rothamel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Henry A. Rothamel (Address) 3903 Sinclair Lane

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date Jun 23 1937

19. UNDERTAKER John U. Ulrich (Address) 2008 O'Donnell St

20. FILED JUN 22 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to June 20, 1937. I last saw him alive on June 19, 1937. Death is said to have occurred on the date stated above, at 2:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Failure	6/18/37
Pulmonary edema	"
Other contributory causes of importance:	
Chronic Myocarditis	?
Senility	6 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice E. Shamer M. D.

(Address) 3300 N. Charles

36688

HEALTH DEPARTMENT—CITY OF BALTIMORE

36688

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N Lakewood Ave St. 6-2 Ward) 25

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret B Bornscheuer

If U. S. Veteran specify WAR

(a) Residence: No. 416 N Lakewood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bornscheuer

6. DATE OF BIRTH (month, day, year) May 13 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Wm F Dunn Balto

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret C Frey

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Rev Howard Ritterpusch

(Address) 416 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date June 22 19 37

19. UNDERTAKER John Ullrich

(Address) 2008 Orleans St

20. FILED JUN 22 1937 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937 to June 19, 1937

I last saw h[illegible] alive on June 19, 1937 Death is said to have occurred on the date stated above, at 6[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	May 1937
Intestinal tuberculosis	April 1937

Other contributory causes of importance:

Tubercular scrofuderma - Left thigh & abdomen. Secondary anemia

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis F. Kleines M. D.

(Address) 2623 E. Monument St Balto Md.

Spec—12-23-21—E.B.R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36689

CERTIFICATE OF DEATH.

92-a

F 36689

Registered No.

1-PLACE OF DEATH 949 W. Fayette St.

City of BALTIMORE: (No. ~~29 N. Schroeder~~ St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Edwin Magness

(a) Residence No. ~~29 N. Schroeder~~ 949 W. Fayette St. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE White

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) 3-30-1867

7-AGE 70 yrs. 2 mos. 21 ds.

If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Trimmer

(b) General nature of industry, business, or establishment in which employed (or employer) Coach building

(c) Name of employer Self employed in 2 years

9-BIRTHPLACE (city or town) (State or Country). Baltimore, Md

PARENTS.

10-NAME OF FATHER James Edwin Magness

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Baltimore

12-MAIDEN NAME OF MOTHER Harriet Eliz. Ingram

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Baltimore

14- (Informant) Miss S. Evelyn Magness

(Address) 949 W. Fayette St.

15- Huntington Pittsburgh Pa. 192

22 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 21, 1937

17- I HEREBY CERTIFY, That I attended deceased from February, 1937, to June 21, 1937, that I last saw him alive on June 20, 1937, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(Duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary) Mitral Regurgigatum

(Duration) yrs. 5 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings & Course

(Signed) Wm. H. Fulton M. D.

6/21/ 1937 (Address) 211 St Paul St

*State the Disease Causing Death, or in deaths from Violence, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Baltimore Cemetery

DATE OF BURIAL. June 23, 1937

20-UNDERTAKER Chas H. Cook

ADDRESS 1003 West Baltimore St.

F 36690

HEALTH DEPARTMENT—CITY OF BALTIMORE

36690

CERTIFICATE OF DEATH

12724 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Robert Williams

(a) Residence: No. 18 N. East St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Separated

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Williams

DATE OF BIRTH (month, day, year) 2-1-1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... (Not)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash. D. C.

13. NAME Theodore Williams

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Parker

16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 22 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address) .....

JUN 22 1937 Huntington Williams

3366 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-25 . 19 37 to 6-19 . 19 37

I last saw h. 1M alive on 6-19 . 19 37. Death is said to have occurred on the date stated above, at 5:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	
Hemiplegia Left Side Due to Cerebral Hemorrhage (old)	3 days
Bronchio-pneumonia	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Guy L. Brantigan M. D.

(Address) Baltimore City Hosp.

36691 ✓ F 36691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estelle Miles

If U. S. Veteran specify WAR .....

(a) Residence: No. 822 Whatcoat St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John B. Miles
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Beatrice Tony
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Beatrice Tony
(Address) 1002 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date June 22 1937

19. UNDERTAKER Adolphus Halstead
(Address) 1722 Eutaw Place

20. FILED June 22 1937 Registrar

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to ..... death on the day stated above.
(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericardial Contents Resulting from Shot Wound of Abdomen	June 5 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of June 6-1937

For what disease or injury? Gun shot wound of abdomen

Name of operation. Open & drainage Date of June 6-37

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury June 5 1937

Where did injury occur? Apartment at 822 Whatcoat St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Gun shot wound of Abdomen

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. B. 1268-9

✓ F 36692

36692

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. 16-7 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oliver Jones

(a) Residence: No. 3204 Brighton Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Jeanette W Jones.

6. DATE OF BIRTH (month, day, year) December 12, 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset County, Md

FATHER

13. NAME Mr. John Jones

14. BIRTHPLACE (city or town) (State or country) Somerset County Md

MOTHER

15. MAIDEN NAME Caroline Brewington

16. BIRTHPLACE (city or town) (State or country) Somerset County, Md

17. INFORMANT Mrs. Jeanette W. Jones
(Address) 3704 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date June 25 1937

19. UNDERTAKER Otto Rechner Sons
(Address) 1019 Pa Ave.

FILED 19 Registrar

N 2 1937 Livingston Millcastle, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to June 21, 1937.

I last saw him alive on June 21, 1937. Death is said to have occurred on the date stated above, at 10:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of right kidney	6/10/37
Septicemia - Staphylococcus aureus	6/10/37

Other contributory causes of importance:

Arteriosclerotic cardio-vascular renal disease
Acute pneumonia

Name of operation. Date of

What test confirmed diagnosis? C.L. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) John A. Myers, M. D.

(Address) Church Home & Inf.

366993 HEALTH DEPARTMENT—CITY OF BALTIMORE E 366993

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Wol Cen. Hosp. Ward) 25-3
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 79 yrs. 0 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Hofmann (Julius R. Hofmann) U.S. Veteran, Spanish WAR

(a) Residence: No. 2413 Jones St., Ward. Forest Park
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of ~~XXXXXXX~~ Elizabeth Hofmann

7. DATE OF BIRTH (month, day, year) June 6th 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Diamond Setter
10. Date deceased last worked at this occupation (month, year) Jan 1927
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Hofmann
14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mrs Marie Fehrman
(Address) 1717 Harman Ave. (Daughter)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date June 24th 1937

19. UNDERTAKER [illegible]
(Address)

20. FILED 6-22 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-10-37. 19 . to 6-21-37. 19
I last saw him alive on 6-21-37. Death is said to have occurred on the date stated above, at 5:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Myocardial Failure	

Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy? Closed

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stephens M. D.
(Address) Medical Arts

36694 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36694

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2339 Eutaw Place St. 13-2 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis Whitehill

If U. S. Veteran specify WAR

(a) Residence: No. 2339 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Heller Whitehill

6. DATE OF BIRTH (month, day, year) Oct. 4, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor of Col-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. lectors for M. Kahn

10. Date deceased last worked at this occupation (month and year) & Sons. Total time (years) spent in this occupation 10 Yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Isaac Whitehill

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Eichengreen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rose H. Whitehill,
(Address) 2339 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date June 23, 1937

19. UNDERTAKER Hart Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17 1936 to June 20 1937

I last saw h. alive on June 20, 1937 Death is said to have occurred on the date stated above, at 12.16 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1932
arterio sclerosis	1932
chronic nephritis	1932
cor nephro-sclerotic	1932
Other contributory causes of importance:	
coronary thrombosis	1937

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify.

(Signed) H. G. Medulsow, M. D.

(Address) 2230 Eutaw Place.

VE 36695

HEALTH DEPARTMENT—CITY OF BALTIMORE

36695

CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Leydenham Hospital St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles George Watson

If U. S. Veteran specify WAR

(a) Residence: No. 919 - Ensor St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ppo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Watson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rose Peshore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Harford Rd Date June 24, 1937

19. UNDERTAKER Edward W. Conkling & Son

(Address) 924 E Eager St

20. FILED ... 19... Registrar

JE 1937

MEDICAL CERTIFICATE OF DEATH

O

21. DATE OF DEATH (month, day, year) June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937 to June 22, 1937

I last saw him alive on June 22 1937 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	6/18/37

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sidney Zelman M. D.

(Address) Leydenham Hospital

F 36696

36696 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 n Paca St., 17-1 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Pattui Anderson

(a) Residence: No. 619 W Paca St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Anderson

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME Jarald Woodard

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Minnie Francis

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Robert Anderson

(Address) 619 n Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place M T Calvery Date June 22nd 1937

19. UNDERTAKER Elroy Bellsman

(Address) 1100 Brantley ave

Washington Williams Jr.

2 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) on the body and from the evidence stated by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	June 1 1937

Other contributory causes of importance:

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.

Coroner

(Address) 502 Fremont Ave

830122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36697 — 131 F 36697

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ... St. 7-5 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. — mos. 17 ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

2. FULL NAME: Terpence Hughes (Terence) — If U. S. Veteran specify WAR

(a) Residence: No. 700 Kingsdon Rd St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Anna E. Polehna

6. DATE OF BIRTH (month, day, year): 12/17/02

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary and Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: A. Gross Candle Co.

10. Date deceased last worked at this occupation (month and year): 6/09

11. Total time (years) spent in this occupation: 28

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Arthur Hughes

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary A. Crumbie

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 6/24 1937

19. UNDERTAKER: Henry W. Weaver's Son

(Address) 802 N. Calvert St.

20. FILED: JN 24 1937 — Hampton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937 to June 21, 1937

I last saw him alive on June 21, 1937. Death is said to have occurred on the date stated above, at 10 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	Dec? 1936
Focal Embolic Nephritis	Dec (?) 1936
Other contributory causes of importance:	
Central Embolus (Rt)	6/21/37
Splenic Infarction	6/11/37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben C. Blocmt M. D.

(Address) Johns Hopkins Hosp.

Spec.—6-9-19—H. P. Co.—1000 Blks.

V F 36698

36698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: NO 5209 Dunmore av ST.: 27-18 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Green

(a) RESIDENCE. NO 5209 Dunmore av ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie

6 DATE OF BIRTH (month, day, and year): unknown

7 AGE: Years 85 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): North Carolina

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): unknown

14 Informant: Bessie Campbell

(Address): 5209 Dunmore av

2 1937 Huntington Whitehouse, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 22 1937

17 I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to June 22, 1937, that I last saw h... alive on June 20, 1937, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

I Hydrodiates,

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Charles J. Mills, M. D.

, 19 (Address) 5276 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pleasant Rest - Towson Md

DATE OF BURIAL: 6/22/1937

20 UNDERTAKER: Mrs. George H. Holland

ADDRESS: 1631 Druid Hill

36699 ✓ F 36699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 Madison Ave St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Cuthun Adams

(a) Residence: No. 1616 Madison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 30. 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	37	5	21 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Jr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Jr

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Brown Virginia

13. NAME Cuthun Adams

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Willie Tyler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William Jackson
(Address) 2012 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Brown, Va. Date 6/24 1937

19. UNDERTAKER Wm A Jackson
(Address) 916 Pennsylvania Ave Washington D.C.

20. FILED JUN 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to June 14, 1937.

I last saw h alive on June 14, 1937. Death is said to have occurred on the date stated above at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Heart Disease

Date of onset
Unknown
unknown

Other contributory causes of importance: —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 ...;

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If no, specify

(Signed) D. Garland Arnold M. D.

(Address) 1534 - Druid Hill Ave

36700 F 36700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 9-9 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C Donnell

If U. S. Veteran specify WAR

(a) Residence: No. 111 Rossmore St., ... Ward. Catonsville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 9 - 1876

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1876	9	11	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary 1009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Agency

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William F. O Donnell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Mulvehill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Marion F. Looby

(Address) 1327 W. Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 6/23 1937

19. UNDERTAKER A Ridley Slade

(Address) 4507 Forbes Rd

FILED ... 19 ... Registrar.

JUN 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to June 20, 1937

I last saw her alive on June 20, 1937 Death is said to have occurred on the date stated above, at 10 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	6-19-37
Arteriosclerotic heart disease	1930
& arteriosclerosis generalized	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank R Stephenson M. D.

(Address) St Joseph Hospital

V F 36701

36701

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton St. 76-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. James F. Draper

(a) Residence: No. 3133 Belmont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mary E. Draper

6. DATE OF BIRTH (month, day, year) Dec 14, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gentleman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret 6011

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME William E. Draper

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Margaret Nelson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Geo. Brooks

(Address) 3133 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 6 24 1937

19. UNDERTAKER Nelson Sons

(Address) 2112 Pennsylvania Ave

..... 19..... Registrar.

6 22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21/1937

22. I HEREBY CERTIFY, That I attended deceased from June 16 1937 to June 21 1937

I last saw him alive on June 21 1937 Death is said to have occurred on the date stated above, at 9 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Abscess	6/14/37
Other contributory causes of importance:	6/16/37
Pyelitis	
Myocardial Degeneration	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Daniel Jos. Wehner M. D.

(Address) St Agnes Hospital

✓ F 36702

36702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 East Franklin St. St., 4-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Unknown

2. FULL NAME Frank Raymond

(a) Residence: No. 15 East Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced HUSBAND of —— (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Sept 12, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Detective 0061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burns

10. Date deceased last worked at this occupation (month and year) Unknown ✗

11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Frank Raymond

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Suzanne Baynard

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Dept. of Welfare

(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 6-23-37

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] Registrar

2 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Paul Pechenber, M. D. Coroner

(Address) 1919 E. North Ave.

24237 ✓ F 36703

36703 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. .....) Baltimore City Hospital St., 16-4 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph White Culbertson — If U. S. Veteran specify WAR .....

(a) Residence: No. 1138 N. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Mary Delvilviss

DATE OF BIRTH (month, day, year): 3-30-1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

13. NAME: Joseph White Culbertson

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Mary White

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Cem. Date 6-23-37

19. UNDERTAKER: William Conti & Co.
(Address) 1217 E. Fayette St.

Filed JUN 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-8-1937 to 6-21-1937

I last saw him alive on 6-21-1937 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	10 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Yes

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) John L. Kinney M.D.

(Address) Baltimore City Hospitals

(Espie) (Espie) E 26704

26704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Warren Espie

(a) Residence: No. 1428 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 25-1931

7. AGE: Years 5 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

8a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

8b. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John Espie Sr.

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: John Espie

(Address): 1428 Division St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. June 23 1937

19. UNDERTAKER: Bernard P. Hemsley

(Address): 818 Druid Hill Ave.

20. FILED ... 19... Registrar.

22 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937, to June 20, 1937

I last saw h.. alive on June 20, 1937 Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Tuberculosis	Unknown
Miliary Tuberculosis	6/2/37
Tuberculous meningitis	6/2/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Bryant H Lane M. D.

(Address) Univ. of Md Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36705

CERTIFICATE OF DEATH

Registered No. 133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Veronah Tillett

(a) Residence: No. Kitty Hawk, N.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Melvin C. Tillett

7. DATE OF BIRTH (month, day, year) Dec. 23, 1910

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Hattie Midgett

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Kitty Hawk, N.C. Date June 23 1937

19. UNDERTAKER John C. Mitchell & Sons (Address) 1905 Eutaw Place

20. FILED JUN 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17 1937 to June 22 1937

I last saw h.. alive on June 22 1937 Death is said to have occurred on the date stated above, at 3:47 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Dextrocardia	
Circulatory collapse	
Other contributory causes of importance:	over

Was an operation performed? Yes Date of 6-22-37

For what disease or injury? Congenital Dextrocardia

Name of operation Left lower lobectomy

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James T. Howard M. D.

(Address) Johns Hopkins Hospital

36706 E 36706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anthony H. Heinekamp If U. S. Veteran specify WAR No Record

(a) Residence: No. 1017 South Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Anna Heinekamp

6. DATE OF BIRTH (month, day, year) Sept 7-1879

7. AGE Years 57 | Months 9 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) June 21-37

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Heinekamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Heinekamp (Address) 1017 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 24 37

19. UNDERTAKER William Cook (Address) 1217 S. Paca Street

20. FILED June 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Weller, M. D. Coroner

(Address) 3757 Walbrook Ave

S 6

36707 F 36707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Latrobe St., 12-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm S. Jones

If U.S. Veteran specify WAR .....

(a) Residence: No. 1701 Latrobe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Margaret Jones

DATE OF BIRTH (month, day, year) March 4, 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. See dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Md

13. NAME Marie Jones

14. BIRTHPLACE (city or town) ..... (State or country) Md

15. MAIDEN NAME Mary Haley

16. BIRTHPLACE (city or town) ..... (State or country) Md

17. INFORMANT Margaret Jones

(Address) 1701 Latrobe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/23/37 19

19. UNDERTAKER Mrs. Else H. Hoeland

(Address) 1631 Bruns Fill Ave

20. FILED JUN 23 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to June 19, 1937

I last saw him alive on June 18, 1937. Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Cyclo-Nephritis 6/1/37

Other contributory causes of importance:

Uremia Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. Lee Sale, M. D.

(Address) 924 Madison Ave

6708

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36708

CERTIFICATE OF DEATH

96

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Homewood Apts. St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Frank H. Larned

If U. S. Veteran specify WAR .....

(a) Residence: No. Homewood Apts. Charles St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lilly Banks Larned

7. DATE OF BIRTH (month, day, year) April 1, 1862

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Goverment

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Immigration Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank H. Larned

14. BIRTHPLACE (city or town) (State or country) Baltimore, Detroit Mich Md.

15. MAIDEN NAME Sarah Justice Ellen Mary Mussey

16. BIRTHPLACE (city or town) (State or country) Sweden Baltimore Md.

17. INFORMANT Mrs. Frank H. Larned
(Address) Homewood Apts. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. June 23, 37

19. UNDERTAKER John D. Mitchell & Sons
(Address) 1900 Eutaw Place, Md.

JUN 23 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1937, to June 21, 1937

I last saw him alive on June 21, 1937. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism, bifurcation Abdominal Aorta	Aug 1934
Rupture of Aneurism	June 20 37
Other contributory causes of importance: Arteriosclerosis -	?

Was an operation performed? No — Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. W. Larned M. D.

(Address) 1327 Park Ave. City

F 36709

36709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 14 Ward 2

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR W.W.

2. FULL NAME Harry Conley

(a) Residence: No. 1726 McCullough St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	COLORED	SEPARATED

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy Allan Conley

6. DATE OF BIRTH (month, day, year) Dec. 25, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 6-12-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Va.

MOTHER FATHER

13. NAME Phil Conley

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

15. MAIDEN NAME Lula Croxton

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 6/23/ 1937

19. UNDERTAKER Frances A. Hemsley
(Address) 574 W. Biddle St

20. FILED 19 Registrar.

JUN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937, to June 20, 1937.

I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 11.25 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, (sub) acute	6-7-37
Embolism, pulmonary, right lung	6-20-37

Other contributory causes of importance:

Was an operation performed? yes Date of June 16, 1937

For what disease or injury? Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. M. N. Anderson M. D.
(Address) U.S. Marine Hospital

F 36710

M. D. F. 1361-9

36710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 Lemmon St. St. 20-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Janice G. Doering.

(a) Residence: No. 1916 Lemmon St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Doering.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Inez Bushong.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Inez Doering. (mother)
(Address) 1916 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cemetery Date June 23 1937

19. UNDERTAKER George F. Lehnert
(Address) 2121 Pennsylvania Ave.

20a. FILED JUN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	
unknown.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt, M. D.
Coroner

6/22/37 (Address) 1017 S. Charles St.

E 36711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Elmley Ave. St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U.S. Veteran specify WAR .....

2. FULL NAME Laura Augusta Corkran

(a) Residence: No. 3314 Elmley Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Corkran

6. DATE OF BIRTH (month, day, year) Aug. 7, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME John E. Davis

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

15. MAIDEN NAME Arryann Beckwith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret Salma
(Address) 3314 Elmley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Date 6-23 1937

19. UNDERTAKER Wilson & Son
(Address) 1217 E Fayette St

6-23 1937 19 Registered by [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from 6/3 1937 to 6/21 1937

I last saw her alive on 6/21/37 19 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 6/18

Other contributory causes of importance:

Coma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ally I Gaff M. D.

(Address) 709 N Broadway

36712

HEALTH DEPARTMENT—CITY OF BALTIMORE

36712

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2852 Boarman ave St., 15-13 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Frutko

If U. S. Veteran specify WAR

(a) Residence: No. 2852 Boarman ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel

6. DATE OF BIRTH (month, day, year): May 16 1889

7. AGE: Years 48 | Months 1 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Labavitz

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr Samuel Frutko

(Address) 2852 Boarman ave

18. BURIAL, CREMATION, OR REMOVAL: Shaarei Zion Rosedale Date June 23. 1937

19. UNDERTAKER: Lot Lewis or Bros.

(Address) 1127 E Biddle St

20. FILED 19 Registrar

JUN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22. 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1936 to Jun 22, 1937

I last saw h[illegible] alive on Jun 22, 1937 Death is said to have occurred on the date stated above, at 12 30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Stenosis	
Cystic Humerus	
Sepsis	
Other contributory causes of importance:	

Was an operation performed? yes Date of 6 yrs ago

For what disease or injury? Carcinoma Breast

Name of operation Radical Breast

What test confirmed diagnosis? Microscopic

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas F Blake M. D.

(Address) 20 26 Reeds

F 36713

36713 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Book

If U. S. Veteran specify WAR

(a) Residence: No. 4413 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca Golomb

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel H Book

(Address) 2506 E Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Washington Road

Date June 23 1937

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Baltimore St

FILED JUN 23 1937 Washington Boulevard Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-16-37, 19, to 6-22-37, 19

I last saw h[illegible] alive on 6-21-37, 19 Death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	6-21-37
Other contributory causes of importance:	
Pyelonephritis	6-6-37
Br. Pneumonia	6-15-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Bernstein, M. D.

(Address) Sinai Hospital

Eugenia Oliver

F 36714

36714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Wilmot St. 17-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugenia Oliver

If U. S. Veteran specify WAR .....

(a) Residence: No. 1134 Wilmot St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Louis B. Oliver

6. DATE OF BIRTH (month, day, year): Nov. 29 1900

7. AGE: Years 36 | Months 6 | Days 2271 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cockeysville Md

13. NAME: James Pettyman

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Gertrude Johnson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Louis B. Oliver

(Address): 1134 Wilmot St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cockeysville Md Date: June 4 1937

19. UNDERTAKER: Jas. W. Chase & Son

(Address): 2311 W. Baltimore St

Huntington Williams, Reg.

Registrar

20. FILED JUN 5 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 20 37

22. I HEREBY CERTIFY, That I attended deceased from June 11 1937 to June 20 37

I last saw her alive on June 20 1937. Death is said to have occurred on the date stated above, at 11.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	June 1937
Peritonitis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, state

(Signed) [illegible] M. D.

(Address) 1534 Gough St

36715

HEALTH DEPARTMENT—CITY OF BALTIMORE

36715

CERTIFICATE OF DEATH

23568 JS 51-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Baumann

(a) Residence: No. 1612 Waldo St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie Baumann

DATE OF BIRTH (month, day, year) 10-5-1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	17 16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date June 25 1937

19. UNDERTAKER John Ulbrich

(Address) 2008 Orleans St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1937 to 6-21 1937

I last saw him alive on 6-21 1937 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia — Date of onset 3 days

Carcinoma of Prostate — 3 yrs.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. C. Brautigan, M. D.

(Address) Baltimore City Hosp

E 36716

36716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Roslyn A ve St. 15-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....da. How long in U. S. If of foreign birth?.....yrs.....mos.....da.

2. FULL NAME William C R Schilling

If U. S. Veteran specify WAR

(a) Residence: No. 2206 Roslyn Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie E Schmidt

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehelm Steel

10. Date deceased last worked at this occupation (month and year) 1 year

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William H Schilling

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Ella Thompsonn

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Kenneth Schilling

(Address) 2206 Schilling

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date June23 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from February, 1936 to June 21, 1937.

I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 9 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertrophic Degeneration	6 months,
Other contributory causes of importance: Pulmonary abscess (Non tuberculor)	4 month,

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. Michel M. D.

(Address) 2701 Edmondson

23 1937 Huntington Williams, MD

HEALTH DEPARTMENT—CITY OF BALTIMORE

36717

CERTIFICATE OF DEATH

94-a F 36717

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 101 W. Monument St., 11-2 Ward)

Length of residence in city or town where death occurred 62 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Leonard Ranft

If U. S. Veteran specify WAR

(a) Residence: No. 101 W. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of ~~(or) WIFE of~~ Anna Dahle Ranft

DATE OF BIRTH (month, day, year) July 24, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Custom House

10. Date deceased last worked at this occupation (month and year) 6/22/37

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Ranft

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Tracey

16. BIRTHPLACE (city or town) (State or country) not known U.S.

17. INFORMANT Mrs. Joseph Ranft

(Address) 101 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 25 37

19. UNDERTAKER Margaret & Flynn

(Address) 2107 N. Milton Ave

20. FILED 19 ~~Registrar~~ Deputy Registrar

JUN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937

I HEREBY CERTIFY, That I attended deceased from

22. April 28, 1937, to June 22, 1937

last saw h~~im~~ alive on June 22, 1937 Death is said to have occurred on the date stated above, at 10 30 ~~P~~ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	4/27/37
Other contributory causes of importance: Arterio sclerosis	not known

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Chas. Tiemeyer M. D.

(Address) 101 W. Monument St.

36718 HEALTH DEPARTMENT—CITY OF BALTIMORE 36718

CERTIFICATE OF DEATH

Registered No. 15-2 182-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2019 Presbury St., St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Shaw Blondheim

(a) Residence: No. Alexandria, Va. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sara Fedder Blondheim

6. DATE OF BIRTH (month, day, year) Jany. 25, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent:-Insurance.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

FATHER

13. NAME Simon Blondheim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME -------- Wallach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henry Blondheim,

(Address) Alexandria, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Alexandria, Va. Date June 23, 19 37

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

Huntington Williamsport

FILED JUN 23 1937

S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22. , 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

6 30 pm

The principal cause of death and related causes of importance were as follows:

Central Hemorrhage,

Date of onset

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Stans, Coroner M. D.

(Address) 1215 S. Hanover St.

36719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-AF 36719

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5317 Gwynn Oak Ave. 28-22 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Melville Hayworth

If U.S Veteran specify WAR .....

(a) Residence: No. 5317 Gwynn Oak Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie May Hayworth

6. DATE OF BIRTH (month, day, year) November 29, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager-Chain Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A & P Tea Co.

10. Date deceased last worked at this occupation (month and year) January 1936

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Sykesville Maryland

13. NAME Hayworth

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Emily Berry

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Harrie L. Hayworth

(Address) 3710 Ferndale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 24, 1937

19. UNDERTAKER Weed & Cook

(Address) 1005 N. Baltimore St.

FILED 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, 19..., to June 22, 1937, 19... I last saw him alive on June 21, 1937, 19... Death is said to have occurred on the date stated above, at 4.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myeloid leukaemia	?
Other contributory causes of importance: Rheumatic heart disease with mitral stenosis and insufficiency	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Edwin B. Jones M. D.

(Address) 1115 St. Paul St.

36720

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36720

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Myrtle Ave Ward) 7-2-

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estella Carroll

If U.S. Veteran specify WAR .....

(a) Residence: No. 1327 Myrtle Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Carroll

6. DATE OF BIRTH (month, day, year): Sept 5, 1883

7. AGE — Years: 53 | Months: 9 | Days: 17 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

13. NAME: Thomas Roberts

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): George Carroll 1327 Myrtle Ave

18. BURIAL, CREMATION OR REMOVAL — Place: Mt. Olivet Date: 6/25, 1937

19. UNDERTAKER (Address): Jas. H. Chase & Son 688 Fulton

20. FILED: 6-25-1937 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14 1937 to June 22 1937.

I last saw her alive on June 22 1937. Death is said to have occurred on the date stated above, at 2.30 Pm

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Arteriosclerosis

Date of onset: .....

Other contributory causes of importance:

Gangrene Nephritis
Myocarditis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? reg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. F. Rowlett M. D.

(Address) 601 N Carrollton Ave

19834 EB

36721 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36721

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 11-4 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Cora Mahammit

If U. S. Veteran specify WAR .....

(a) Residence: No. 316 W. Hoffman St. St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-24-1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	62	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Dowery

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date June 25 1937

19. UNDERTAKER Bryant Bowles

(Address) 818 Dulaney Valley Rd.

20. FILED June 25 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1936 to 6-22 1937

I last saw her alive on 6-20 1937 Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	1 wk
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F Ramey M. D.

(Address) Baltimore City Hospitals

36722 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36722

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 South Rd St. 15 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John David Pugh

If U. S. Veteran specify WAR

(a) Residence: No. 2001 South Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eddie Authin Pugh

7. DATE OF BIRTH (month, day, year): Nov. 30, 1873

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Consulting Eng.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME OF FATHER: Wm H. Pugh

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME OF MOTHER: Mary Stevenson

16. BIRTHPLACE (city or town) (State or country): Londonderry England

17. INFORMANT: Mrs Eddie A. Pugh
(Address) 2001 South Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: June 25 37

19. UNDERTAKER: Wm H. Pugh Sons
(Address) Light & Pa Ave.

Registered: 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23. 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to June 28, 1937

I last saw h— alive on June 22, 1937. Death is said to have occurred on the date stated above, at 4.12 a m?

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma with Pyelonephritis	1935
Other contributory causes of importance: Terminal Toxemia	1937

Was an operation performed? Yes Date of July 1937

For what disease or injury? Hypernephroma

Name of operation Nephrectomy (Lt.)

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. Carroll M. D.

(Address) 11 E Chase St Baltimore

HEALTH DEPARTMENT—CITY OF BALTIMORE

36723

CERTIFICATE OF DEATH

F 36723

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 18 Ward)

Registered No. 1517

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Blenaman

If U. S. Veteran specify WAR .....

(a) Residence: No. 842 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 2/22/37

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	3 4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME [redacted] Cummings

14. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER

15. MAIDEN NAME Mary Blenaman

16. BIRTHPLACE (city or town) Balto Md. (State or country)

17. INFORMANT Mary Blenaman

(Address) 842 Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date June 23rd 1937

19. UNDERTAKER Elroy O Wilson

(Address) 1000 Brantley Ave Huntington W. Va.

20. FILED JUN 23 1937 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 5-25 1937 to 6-22 1937

I last saw her alive on 6-22 1937. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	
Malnutrition	
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6-8

For what disease or injury? Pyloric Stenosis

Name of operation Ramstedt

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Peckham M. D.

(Address) Provident Hospital

M. D. B. 1208-9

✓ F 36724

36724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Cecil Ave St., 9-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Bamber

(a) Residence: No. 2011 Cecil Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Bamber

6. DATE OF BIRTH (month, day, year) 6/ 20/ 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	---	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O.

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Bamber

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Emma Howard

16. BIRTHPLACE (city or town) (State or country) Balto., Co., Md.

17. INFORMANT Mrs. Fannie Bamber
(Address) 2011 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 6/22/ 37

19. UNDERTAKER Harry M. Wiedefeld & Son
(Address) 1411 Harlem Ave

(FILED) 6-22-1937 Huntington Wilkinson Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to June 20 1937

I last saw h... alive on June 20 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Arteriosclerosis	

Other contributory causes of importance:

Pulmonary Tuberculosis	

Name of operation ~ Date of ...

What test confirmed diagnosis? ~ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ~

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas. Krauth, M. D.

(Address) 4242 Langford Road

6/22/37

F 36725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24343--ET

F 36725

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward) 18-351 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Southcomb

If U. S. Veteran specify WAR .....

(a) Residence: No. 1029 W. Lombard St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Southcomb

DATE OF BIRTH (month, day, year) 6-7-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Carey Southcomb

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hampden 6-24 1937

19. UNDERTAKER [illegible]
(Address) 1312 Hollins St.

JUN 23 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 21 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 11 . 1937 to 6 - 21 . 1937

I last saw him alive on 6 - 21 . 1937 Death is said to have occurred on the date stated above, at 11:10 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate — Date of onset 1 yr
Uremia — 3 days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) O. C. Beauregard, M. D.

(Address) Baltimore City Hosp.

F 36726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Catherine Olivieri

(a) Residence: No. 110 First St. St., ... Ward. Monogah W. Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Domenick.

6. DATE OF BIRTH (month, day, year) 10/28/1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (27)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Sam Bilott

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Theresa Perea

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Monongah W. Va. Date 6-23 1937

19. UNDERTAKER Joseph C. Mitchell & Son
(Address) 1910 Eutaw Place

20. FILED 12 By Kensington Williams, M.D.
6-23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, to June 23, 1937.
I last saw her alive on June 23, 1937. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1918
Cerebral hemorrhage	June 19, 36
Other contributory causes of importance:	
Hypertensive heart disease	March '37
Myocardial Failure	March '37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Frederick C. Kelberg Jr. M. D.

(Address) Johns Hopkins Hospital

E 36727

3727
330848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-S Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Geo Wachtman

(a) Residence: No. 2737 Boas St., ... Ward. Hanaburg Pa (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) 7/14/86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.O. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Annie Somers

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Reports

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Harrisburg Date 6-23-37

Place Harrisburg Pa

19. UNDERTAKER Funeral Home

(Address) 1217 N. 3rd St Harrisburg Pa

20. FILED JUN 24 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to June 22, 1937

I last saw h[illegible] alive on June 22, 1937, at 2.45 p.m. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebellar tumor malignant — Date of onset .....

Other contributory causes of importance:

None

Was an operation performed? Yes Date of 6-23-37

For what disease or injury? Cerebellar tumor

Name of operation Cerebellar exploration removal

What test confirmed diagnosis? Cerebellar tumor Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hosp

F 36728

6728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 2 E 1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sr. Mary Fintan O.S.F. (Kempf) If U. S. Veteran specify WAR

(a) Residence: No. Mt Hope Rensterstown Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 23 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious Nun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Polycarp Kempf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sibylla Krot

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records from St. Joseph's Hospital

(Address) Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL Mt. Hope Cemetery Date June 25 1937

19. UNDERTAKER Henry Hook Sons, Inc.

(Address) 3611 E. Eager St.

20. FILED June 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937, to June 22, 1937

I last saw her alive on June 22 1937. Death is said to have occurred on the date stated above, at 6¼ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	6-19-37
Chronic Myocarditis	?

Other contributory causes of importance:

Terminal Hypostatic-pneumonia 2 days

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Francis P. Stephenson, M. D.

(Address) St Jos Hosp.

(36729) (36729)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 416 N. Carolina St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Wellington

If U. S. Veteran specify WAR .....

(a) Residence: No. 416 N. Carolina St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary King Wellington

6. DATE OF BIRTH (month, day, year): Dec 25 1896

7. AGE: Years 40 | Months 5 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wilson N C

13. NAME Rufus Wellington

14. BIRTHPLACE (city or town) (State or country): Wilson N C

15. MAIDEN NAME Susie Randolph

16. BIRTHPLACE (city or town) (State or country): Wilson N C

17. INFORMANT: Mary K. Wellington

(Address) 416 N Carolina St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date June 25 1937

19. UNDERTAKER: Robert E Milligan

(Address) 1600 Mc Elderry St

Filed June 24 1937 Filington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 1937 to June 23 1937

that I last saw him alive on June 22 1937 Death is said to have occurred on the date stated above, at 9 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Influenza

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation? Skeleton Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Edward Fisher M. D.

(Address) 1212 E. Monument

HEALTH DEPARTMENT—CITY OF BALTIMORE

36730

CERTIFICATE OF DEATH

V 94 F 36730

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Park Ave St.) (1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elias Vander Horst

If U. S. Veteran specify WAR .....

(a) Residence: No. 614 Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella V. Vander Horst

6. DATE OF BIRTH (month, day, year) March 27 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Consulting Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charleston South Carolina

FATHER

13. NAME Arnoldus Vander Horst

14. BIRTHPLACE (city or town) (State or country) Charleston South Carolina

MOTHER

15. MAIDEN NAME Adele Allston

16. BIRTHPLACE (city or town) (State or country) Charleston South Carolina

17. INFORMANT Allston Vander Horst
(Address) 614 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Charleston S.C. Date June 25 1937

19. UNDERTAKER Henry W. Justice Son Co
(Address) 1st and Light Sts Baltimore

20. FILED JUN 28 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23 1937

22. I HEREBY CERTIFY, That I attended deceased from 1925 19..... to 6-23 1937

I last saw him alive on 6-23 1937. Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROTIC HEART DISEASE	1925
ANGINA PECTORIS	1925
Other contributory causes of importance: BRONCHOPNEUMONIA	6-21-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Doney M.D.

(Address) 412 St. Paul St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38 849 F 36731

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

F 36731 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 7-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie E. INGRAM

If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

Cheraw S. Carolina

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. G.

6. DATE OF BIRTH (month, day, year) 12-25-92

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Benj Thomas

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Sophie Sloan

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cheraw, S.C. Date June 24 1937

19. UNDERTAKER John A. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 6-24-1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/1937

22. I HEREBY CERTIFY, That I attended deceased from 6-21-37, 19..., to 6-23-37, 19...

I last saw her alive on 6-23-37, 19... Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage	6-16-37

Other contributory causes of importance:

Hypertension	?
Arteriosclerosis	?

Was an operation performed? Yes Date of 6-21-37

For what disease or injury? Intracranial Pressure

Name of operation Decompression

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Jones Jr. M.D.

(Address) The Johns Hopkins Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36732

CERTIFICATE OF DEATH

V35a-54-13 F 36732

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susie R. Scott

If U. S. Veteran specify WAR .....

(a) Residence: No. 1225 Division St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 1/09

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Charles Scott

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Evelina Beasley

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 24, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder Ste.

20. FILED 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1937 to 6/21, 1937

I last saw h.. alive on 6/21, 1937 Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	

Other contributory causes of importance:

Uterine Fibroids	
Salpingitis	over

Was an operation performed? yes Date of 6/21

For what disease or injury? Uterine Fibroids

Name of operation Laparotomy

What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. C. Dunning M. D.

(Address) Mercy Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE 24119

F 36733 — CERTIFICATE OF DEATH — 6-5 — 34-82 — SF 36733

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Harry ~~Glem~~ Gann (Glenn)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1732 E. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena (Glenn) Gann

6b. DATE OF BIRTH (month, day, year) 1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME Isaac Gann (Glenn)

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Molly ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Rosedale 6/24/37

19. UNDERTAKER Lock Lodge Inc. (Address) 1439 E. Baltimore St.

20. Filed 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1937 to 6-23, 1937

I last saw him alive on 6-23, 1937 Death is said to have occurred on the date stated above, at 7:53 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	3 mos
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospitals

KATIE YOUNG

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36734

CERTIFICATE OF DEATH

82-a F 36734

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1536 Division St Ward 14-82)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katie Young

If U.S. Veteran specify WAR .....

(a) Residence: No. 1536 Division St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Young

6b. DATE OF BIRTH (month, day, year) August 15th 1860

7. AGE: Years 77. Months 10 Days 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City

13. NAME OF FATHER John Hall

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME OF MOTHER Rachel V. Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Johnson

(Address) 1536 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 6/25 1937

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave Huntington West Virginia

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22/37 19

22. I HEREBY CERTIFY, That I attended deceased from 6/19/37 19 to 6/22/37 19

I last saw her alive on 6/22/37 19 Death is said to have occurred on the date stated above, at 4:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 6/19/37 Date of onset

Other contributory causes of importance: High Blood Pressure

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellison M. D.

(Address) 624 Park Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36735 — CERTIFICATE OF DEATH 17540—EF — F 36735

14-3 V94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Miller — If U. S. Veteran specify WAR

(a) Residence: No. 2218 McCulloh St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Miller

7. DATE OF BIRTH (month, day, year) 8-10-1871

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10-	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Rachael Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/25 1937

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Pressman St.

20. FILED JUN 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1936 to 6-21, 1937

I last saw h[illegible] alive on 6-21, 1937. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 da
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? [illegible]
(If so, specify)

(Signed) John L. Rayney M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36736 ✓ 46-B F 36736

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 W Biddle St. 17-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Viola Browne

(a) Residence: No. 538 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 24-1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Browne

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Florence Ringgold

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Florence Snyder
(Address) 538 W Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Filed Calvary Cem. Date June 24 1937

19. UNDERTAKER Wm Robert A Elliott daughter
(Address) 1129 Harlem Ave.

20. FILED 19 Registrar

JUN 24 1937 Health Department, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	April 20 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Virgil L. Allen, M. D.
Coroner

(Address) 507 Augusta St

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36737

F 36737

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 S Wolfe st St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME FRANK CZERWINSKI

(a) Residence: No. 2435 FOSTER AVE St., L Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JULIA CZERWINSKI

6. DATE OF BIRTH (month, day, year) SEPT. 15 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BRICKLAYER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME THEODORE CZERWINSKI

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME ANTHONIA NOWICKA

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT JAMES CZERWINSKI (BROTHER)

(Address) 2435 FOSTER AVE

18. BURIAL, CREMATION, OR REMOVAL

Place ST STANALOUS Date JUNE 24 1937

19. UNDERTAKER Lilly Zeiler Inc

(Address) 1033 Fallsway Baltimore, Md.

20. FILED JUN 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 21, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Cardiac Failure

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. North Ave.

Zeller

HEALTH DEPARTMENT—CITY OF BALTIMORE

36738

CERTIFICATE OF DEATH

✓131

F 36738

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4101 Mark Ave 27-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME George A. Zeiler

(a) Residence: No. 4101 Mark Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	72	7 8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Zeiler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Diesel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mamie Zeiler Wife

(Address) 4101 Mark Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 26 1937

19. UNDERTAKER Tilly & Zeiler INC.

(Address) 693 W Lafayette Ave

JUN 24 1937 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 . 1937

22. I HEREBY CERTIFY, That I attended deceased from June - 18 . 1937 . to June 23 . 1937

I last saw him alive on June 22 . 1937 Death is said to have occurred on the date stated above, at 5 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block -	3-4 yrs.
Other contributory causes of importance: Cardio Vascular Renal Disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Brooke Bayly M. D.

(Address) 5309 Harford Road

36739 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36739

CERTIFICATE OF DEATH

V 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 20-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Combs.

If U. S. Veteran specify WAR .....

(a) Residence: No. 421 Lyndhurst St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year) April 1930

11. Total time (years) spent in this occupation 40+

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME John Combs

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Madgel Evans

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary E. Combs.

(Address) 421 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 6/25/37

19. UNDERTAKER Harry A. Little

(Address) 1016 Edmondson Ave.

20. FILED Huntington Williams, M.D.

6 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937 to June 23, 1937

I last saw h. in alive on June 23, 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	June 22

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Grant Lund M. D.

(Address) Mercy Hospital

24510

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36740

6740

CERTIFICATE OF DEATH

2-3 172-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City nospital (St.) 2-3 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Zochowski

If U. S. Veteran specify WAR World War

(a) Residence: No. 1613 Shakespeare st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married (Separated)

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine

DATE OF BIRTH (month, day, year) 2-15-1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. p 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Vera

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT B.C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 26 1937

19. UNDERTAKER Fred W Carozeris
(Address) 1920 Eastern Ave
Burlington for Williams NP
Registrar.

20. FILED JUN 21 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 1937 to June 23 1937

I last saw him alive on June 23 1937 Death is said to have occurred on the date stated above, at 11:55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	6/22/37
	about
Other contributory causes of importance:	
alcoholism chronic	5 days
acute collapse	

Was an operation performed? yes Date of 6/21/37

For what disease or injury? intestinal obstruction

Name of operation exploratory laparotomy

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas Brantigan, M. D.

(Address) Baltimore City Hosp.

36741 ✓ E 36741 #23137 SF

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City nospitals St. 2-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth 26 yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Bennie Mianowski
(a) Residence: No. 605 S. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/15/~~1885~~ 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51 40	51	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland
13. NAME Pete
14. BIRTHPLACE (city or town) (State or country) Lithuania
15. MAIDEN NAME Frances
16. BIRTHPLACE (city or town) (State or country) Poland
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION OR REMOVAL Sacred Heart of Jesus 6-27-37
19. UNDERTAKER Fred W. Ebert
(Address) 1900 Eastern Ave
20. FILED 1937 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22, 1937
22. I HEREBY CERTIFY, That I attended deceased from 4-29, 1937 to 6-22, 1937
I last saw him alive on 6-22, 1937 Death is said to have occurred on the date stated above, at 8:30a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of Prostate	
Post-operative hemorrhage	6-10-37
Other contributory causes of importance:	

Was an operation performed? yes Date of see other side
For what disease or injury? Benign hypertrophy of Prostate
Name of operation see other side
What test confirmed diagnosis? Pathology Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) [illegible] M. D.
(Address) Baltimore City Hosp

E 36742

HEALTH DEPARTMENT—CITY OF BALTIMORE

36742

CERTIFICATE OF DEATH

46-7

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 N. Hilton St. 15-7 Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Esther Lease

(a) Residence: No. 2607 N. Hilton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Lease

6. DATE OF BIRTH (month, day, year) Dec 12, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42 48	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Hyman Solmon Legal

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Goldie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Simon Lease

(Address) 2607 N. Hilton st

18. BURIAL, CREMATION, OR REMOVAL Edlow Rosedale (Date) June 24 1937

Place

19. UNDERTAKER Sol Levinson & Bros

(Address) 1141 E Balto st

20. FILED 19... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1934 to June 23, 1937

I last saw her alive on June 23, 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	6/23/37
Myocardial Insufficiency	
Other contributory causes of importance:	
Carcinoma of Rectum	1934

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Rectal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest L. Edlow M. D.

(Address) 7353 Eutaw Place

M. D. B. 1268-9

F 36743

36743 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 1 hour

Length of residence in city or town where death occurred How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Ridgely

(a) Residence: No. 828 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or 8 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harry Ridgely

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Nellie Pickens

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Church Home / Inf. N. Broadway

18. BURIAL, CREMATION, OR REMOVAL JOHNS HOPKINS MEDICAL SCHOOL JUN 24 1937 Commissioner of Health

19. UNDERTAKER (Address) For H. A. Moore

24 1937 . 19 Registrar

3514

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937 to June 22, 1937

I last saw him alive on June 22, 1937 Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

Prematurity (6 months) — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley D. Kelly M. D.

(Address) The Edmondson Avenue Infirmary

F 36744

36744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD. Registered No. 12-623

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 this trip ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lee Benson If U. S. Veteran specify WAR .....

(a) Residence: No. ..... St., Utah Ward. Pancuitch, Utah
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) March 22, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	3	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AB Seaman do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) 6-11-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Cedar City, Utah

FATHER

13. NAME James L. Benson

14. BIRTHPLACE (city or town) (State or country) --, Miss.

MOTHER

15. MAIDEN NAME Zora McPherson,

16. BIRTHPLACE (city or town) (State or country) --, Miss.

17. INFORMANT Records- U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Pamp. Date June 24 1937

19. UNDERTAKER E. Leroy Stitzel, Inc. (Address) 125 E. North Ave.

20. FILED JUN 24 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to June 22, 1937.

I last saw him alive on June 22, 1937. Death is said to have occurred on the date stated above, at 1:40 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular, acute, bilateral	6-1-37
Abscess, multiple, lymph nodes and prostate	6-1-37
Ulceration, bronchial, right	6-1-37
Other contributory causes of importance: Hemorrhage, pulmonary	6-21-37
Chronic pulmonary tuberculosis	
Tuberculous prostatitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. Lawrence M. D.

(Address) U.S. Marine Hospital, Balto. Md.

17

36745 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36745

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2405 E. Biddle St Ward 8-3)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard O. Tress

If U. S. Veteran specify WAR .....

(a) Residence: No. 2405 E. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Carrie E. Tress

DATE OF BIRTH (month, day, year) June 25 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Davis (Address) 2405 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem. Date June 26/37

19. UNDERTAKER Philip Herring Sons (Address) 240 Orleans St

20. FILED June 24 1937 Registrar Washington Wilkes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 2 1937 to June 23 1937.

I last saw him alive on June 23 1937 Death is said to have occurred on the date stated above, at 5:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 2 1931.
Congestive heart failure	Apr. 30 1937
Other contributory causes of importance: Pneumonia	March 2 1937.

Was an operation performed? — Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, when?

(Signed) Anthony F. Corozza M. D.

(Address) 274 S. Eutaw St.

E 36746

36746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94 B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 9-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie V. Baker

(a) Residence: No. 703 E. 20th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Albert Baker

6. DATE OF BIRTH (month, day, year) Nov 1-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER FATHER

13. NAME Thomas Henry Coburn

14. BIRTHPLACE (city or town) (State or country) Easton Md.

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT J. Albert Baker
(Address) 703 E 20th St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 6/26 37

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Eutaw St

20. FILED 19 Registrar.

24 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937 to June 24, 1937 last saw her alive on June 24, 1937 Death is said to have occurred on the date stated above, at 1240 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-22-37
Other contributory causes of importance:	
Auricular Fibrillation	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank B Stephenson M. D.

(Address) St. Js Hosp

36747 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36747

CERTIFICATE OF DEATH

(Westport) 53-B Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2423 Annapolis Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Kate Schneider

(a) Residence: No. 2423 Annapolis Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Schneider

7. DATE OF BIRTH (month, day, year) Oct. 1-1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frederick Eilers

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Barbara Ermer

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT John H. Schneider
(Address) 2423 Annapolis Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date June 25 37

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Orleans St

20. FILED 1937 Registrar.

24 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2/37, 19 to Jan 23/37, 19

I last saw her alive on Jan 23/37, 19 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of Importance were as follows:

Cancer of Bladder

Date of onset Jan 1937

Other contributory causes of importance None

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John B Holtman M. D.

(Address) 1737 E

(Leach) ✓ F 36748

36748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., 17-2 Ward.
Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Leach
If U. S. Veteran specify WAR .....

(a) Residence: No. 1008 Shields Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/26/1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7 6	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME Joe Leach

14. BIRTHPLACE (city or town) (State or country) MD.

MOTHER

15. MAIDEN NAME Ella Montgomery

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Ella Leach
(Address) 1008 Shields Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/25 1937

19. UNDERTAKER William P. Fagan
(Address) 16 Pennsylvania

20. FILED 19.....
6/24 1937 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to June 23, 1937
I last saw h[illegible] alive on June 23, 1937. Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
SEPTICEMIA	JUNE 1937
ACUTE OSTEOMYELITIS	JUNE 1937

Other contributory causes of importance:

Was an operation performed? YES Date of JUNE 22, 1937
For what disease or injury? ACUTE OSTEOMYELITIS FEMUR
Name of operation INCISION & DRAINAGE
What test confirmed diagnosis? CLIN. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Roland A. Bevin M. D.
(Address) University Hospital

(Bievin)

F 36749

36749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kibler

If U. S. Veteran specify WAR .....

(a) Residence: No. Reisterstown Balto. Co. Md. St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

13. NAME Jonah D. Kibler

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary Gist

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Jonah Kibler

(Address) Reisterstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Smallwood Cem Date June 25 1937

19. UNDERTAKER J. L. Elicker & Sons Inc.

(Address) Reisterstown Md.

FILED 1937 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) C. K. Haskell M. D.

Coroner

(Address) 2757 W. Lanvale St

E 36750

HEALTH DEPARTMENT—CITY OF BALTIMORE

36750 22230--CM

CERTIFICATE OF DEATH

46-a

Registered No. 8-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., (E.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emanuel Nagle

If U. S. Veteran specify WAR

(a) Residence: No. [redacted], 1826 E. North Ave, St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced: HUSBAND of [redacted] Nagle / Single

DATE OF BIRTH (month, day, year) July 18, [redacted] 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	11	[redacted]5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore / Maryland

13. NAME Emanuel Nagle

14. BIRTHPLACE (city or town) (State or country) Pa,

15. MAIDEN NAME Charlotte R. Cloman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Records of Balto. City Hospts.

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date June 26 37

19. UNDERTAKER (Address) A. Kimmel & Sons 1400 St Paul St

20. FILED [illegible] Registrar.

1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28, 1937 to June 23, 1937

I last saw him alive on June 23, 1937 Death is said to have occurred on the date stated above, at 2.25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus.	2 months
Other contributory causes of importance: Carcinoma of esophagus	3 months duration

Was an operation performed? Yes Date of April 16, 1937

For what disease or injury? Carcinoma Esophagus.

Name of operation Gastrostomy

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) O. C. Brantigan, M. D.

(Address) Baltimore City Hosp.

F 36751

36751 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

51-C

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto - Md
CITY OF BALTIMORE: (No. 15 13lythe wood Rd St., ... Ward) 27-11

Length of residence in city or town where death occurred 62 yrs. 11 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME George Weems Williams

(a) Residence: No. 15 13lythe wood Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

6a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Anna Wagner Williams

6. DATE OF BIRTH (month, day, year) June 25-1874

7. AGE Years 62 | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry H Williams

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Georgiana Weems

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Williams

(Address) 15 13lythewood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 25 . 1937

19. UNDERTAKER Henry Renkins & Co

(Address) Orchard & Mt. Lovelock

Date June 24 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. . 1936 to June 23 . 1937

I last saw him alive on June 23 . 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma - Prostate
General Carcinosis

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? ✓

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter A Baetjer . M. D.

(Address) 1116 St Paul St

WALTER A. BAETJER

36752 E 36752

HEALTH DEPARTMENT—CITY OF BALTIMORE

24499

CERTIFICATE OF DEATH

9-847-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 9-8 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Griffith

(a) Residence: No. 2107 Boone St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Claudia

DATE OF BIRTH (month, day, year) 2-22-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. W. A.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Griffith

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Julia Taylor

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 26 1937

19. UNDERTAKER Albert W. Gregory

(Address) 4402 York Road

20. FILED (Signature) Registrar

JUN 24 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1937 to 6-23, 1937

I last saw h[illegible] alive on 6-23, 1937 Death is said to have occurred on the date stated above, at 11:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of larynx	15 mo
Esophageal obstruction (due to carcinoma of larynx)	8 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-19-37

For what disease or injury? Esophageal obstruction

Name of operation Gastrotomy

What test confirmed diagnosis? Name Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Brantegan M. D.

(Address) Baltimore Lying Hosp.

36753 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36753

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Lane Home St. 2201 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Leonard

If U.S. Veteran specify WAR .....

(a) Residence: No. 429 Hanover St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 6-14-37

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		10 hrs.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Walter Leonard

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Estelle Hewitt

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Mrs. Leonard
(Address) 429 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 6/25 1937

19. UNDERTAKER J. F. McCully
(Address) 130 E Fort Ave

20. FILED 6 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1937 to 6-24 1937

I last saw h[illegible] alive on 6-23 1937 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyaline membrane lungs at birth	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, [illegible]

(Signed) W. Fletcher Hall M. D.

(Address) [illegible]

CERTIFICATE OF DEATH

Registered No. 182

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1812 Druid Hill Ave (St.) Mt. Washington (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Nancy Nicholson

(a) Residence: No. 1812 Druid Hill Ave (St.) Mt. Washington (Ward)
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 30/36

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Robert Nicholson Jr.
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Margaret Tuckett
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Robert Nicholson Jr.
(Address) 1812 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Cemetery Date 6/25, 1937

19. UNDERTAKER Ralph K. Hamilton
(Address) Baltimore, Md.

20. DATE RECD 6 25 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile Convulsions	
Case was posted at morgue for Coroner's finding	
Other contributory causes of importance: Suffocation	

Was an operation performed? Date of
For what disease or injury? No
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Possible Convulsions Face in bed cloth
Nature of injury Preventing

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A. Crain M. D.
(Address) 612 W 40th St. Coroner

F 36755

36755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 210-M

1. PLACE OF DEATH Union Memorial Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27th Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Louis Ernest Erskine

(a) Residence: No. 4503 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Essie Erskine

6. DATE OF BIRTH (month, day, year) Oct 5 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amerian Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 17 yr

12. BIRTHPLACE (city or town) County Dowrus (State or country) Ireland

FATHER

13. NAME Robert Erskine

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Matilda Gordon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Ellen Erskine

(Address) 4503 - Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 25 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED JUN 25 1937 Register

V S 6

MEDICAL CERTIFICATE OF DEATH 2 pm

21. DATE OF DEATH (month, day, year) 6-24-37 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Ribs	6/16/37
Punctured Lungs	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6/16/37

Where did injury occur? Oakfield + Coldspring (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collision between two Autos

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank Worley Coyle, M. D.
Coroner

(Address) 907 N Charles

36756 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36756

CERTIFICATE OF DEATH

✓118

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 715 N Fayette St., 4-25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oratama Diamond
If U.S. Veteran specify War No Record

(a) Residence: No. 715 N Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane A Diamond

7. DATE OF BIRTH (month, day, year) Sept 19 1875

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) St Louis Mo

13. NAME George A Pitts

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine A Thompson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jane A Diamond
(Address) 1709 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 25 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED JUN 25 1937 Washington Nat'l Bank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to June 23, 1937
I last saw her alive on June 21, 1937. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coronary Occlusion	June 23
Arteriosclerosis	
(b) Cardiac Decompensation	
(c) Coma	

Other contributory causes of importance:

over

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. A. Frantz M. D.

(Address) 1625 N. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36757 | CERTIFICATE OF DEATH | F 36757

93-C

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1218 West Fayette St. 18 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR No Record

2. FULL NAME Nettie Dickey
(a) Residence: No. 1218 West Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed or divorced (or) WIFE of Wynkoop Dickey
6b. DATE OF BIRTH (month, day, year) Aug 31-1854
7. AGE: Years 82 | Months 9 | Days 23 | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X
12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME OF FATHER George Gardiner
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME OF MOTHER Margaret Frazier
16. BIRTHPLACE (city or town) (State or country) Balto Md
17. INFORMANT Mrs John Faidley Sr
(Address) 1313 West Fayette
18. BURIAL, CREMATION OR REMOVAL Place Baltimore Cem Date June 26 1937
19. UNDERTAKER William Cook
(Address) 217 St Paul St
20. FILED JUN 25 1937 Ester Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937
22. I HEREBY CERTIFY, That I attended deceased from June 1- 1937 to June 24 1937
I last saw h[illegible] alive on June 23 1937. Death is said to have occurred on the date stated above, at 1201 m.

The principal cause of death and related causes of importance were as follows:
Myocarditis — Date of onset [illegible]
Other contributory causes of importance: Arterio Sclerosis Hypertension

Was an operation performed? — Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, explain
(Signed) Chas A Carlin M. D.
(Address) 2145 W Balto St

36758 E 36758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Avenue West. ✓126

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR No Record

2. FULL NAME Mrs Mary L. Scoggins.

(a) Residence: No. 1203 E North Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4. Color or Race: White

~~Single, Married, Widowed, or Divorced~~ (write the word): Married

5. If married, ~~widowed, or divorced~~ HUSBAND (or) WIFE of John Jacob Scoggins

DATE OF BIRTH (month, day, year) June 13th 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	0	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 1937

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) York Pa

13. NAME Ernest Barnetz

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Matilda Templeton

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John Jacob Scoggins

(Address) 1203 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 28th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 6-29 1937 Harrington Whitehead Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1937 to 6-24 1937

I last saw her alive on 6-24 1937 Death is said to have occurred on the date stated above, at 3:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & Cholelithiasis	
Other contributory causes of importance: Coronary Thrombosis	

Was an operation performed? Yes Date of 6-21-37

For what disease or injury? Acute Cholecystitis

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. R. Stapleton M. D.

(Address) 1211 Eden Terrace

F 36759

36759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 175-a

Registered No. 11-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Helen Jones

(a) Residence: No. 316 W. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Jones

6. DATE OF BIRTH (month, day, year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Morris

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Washington

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Linwood Hayes

(Address) 316 W Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Claybourne Va Date June 25 1937

19. UNDERTAKER Robert A Holland

(Address) 1 E Biddle St

Registrar.

F 1937

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to h[illegible] on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia following abortion	June 18 1937

Other contributory causes of importance: none

Was an operation performed? none Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George P. Allen M. D.

(Address) 50 S Paca St

36760

HEALTH DEPARTMENT—CITY OF BALTIMORE

36760

CERTIFICATE OF DEATH

V 94-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 26-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Little

If U. S. Veteran specify WAR

(a) Residence: No. 5201 Greenhill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George C Little

6. DATE OF BIRTH (month, day, year) Dec 8 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm F. Koehnlein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Annie Andrews

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sadie A Harvey (Sister)

(Address) 30 Old Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 26 1937

19. UNDERTAKER John F Denny

(Address) 715 Lig St

20. FILED [illegible] Registrar.

JUN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to June 23, 1937

last saw h[illegible] alive on June 23, 1937. Death is said to have occurred on the date stated above, at 12 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-14-37

Other contributory causes of importance:

—

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank K Stephenson M. D.

(Address) St. Jos. Hosp.

36761 F 36761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

195-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3904 PINKNEY RD St.) 27-20 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 46 yrs. ... mos. ... ds.

2. FULL NAME SAMUEL GOLDMANN

If U. S. Veteran specify WAR .....

(a) Residence: No. 3904 PINKNEY RD St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of FANNIE

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. TAILOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. use

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) RUSSIA

13. NAME OF FATHER JOSEPH

14. BIRTHPLACE (city or town) (State or country) RUSSIA

15. MAIDEN NAME OF MOTHER NOT KNOWN

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT DR. HARRY GOLDMANN

(Address) 2326 EUTAW PLACE

18. BURIAL, CREMATION, OR REMOVAL

Place HERRING RUN Date 6-25- 1937

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Baltimore St.

20. FILED 19 ... Registrar Lington Williams, MD

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-37

22. I HEREBY CERTIFY, That I attended deceased from ..., 1933 to June 24, 1937

I last saw h[illegible] alive on June 21 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio-Vascular Disease	?
Auricular Fibrillation	
Acute Pulmonary Edema	1hr

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify ...

(Signed) A. J. Ingerman M. D.

(Address) 2340 Eutaw Place

36762

HEALTH DEPARTMENT—CITY OF BALTIMORE

36762

CERTIFICATE OF DEATH

✓ 45-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St., 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1st mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Coleman

If U. S. Veteran specify WAR

(a) Residence: No. 1400 Rosedale St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Balto. City Hospital

(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cremation Loudon Park. Date June 25, 1937

19. UNDERTAKER George W. Zirkler

(Address) 1757 E. Eager St.

20. FILED JUN 25 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lower lip	

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1412 E. North Ave.

USE

F 36763

HEALTH DEPARTMENT—CITY OF BALTIMORE

36763

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Harlem Ave St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah W. Mitchell

If U.S. Veteran specify WAR .....

(a) Residence: No. 1504 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced (or) WIFE of Alfred Mitchell

7. DATE OF BIRTH (month, day, year) July 5, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill Md

13. NAME Abraham Collins

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md

15. MAIDEN NAME Penama Register

16. BIRTHPLACE (city or town) (State or country) Snow Hill

17. INFORMANT Luther Mitchell son
(Address) 1504 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 27 1937

19. UNDERTAKER Jno. Geo. H. Holland
(Address) 1631 Druid Hill Ave

Filed JUN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1937

22. I HEREBY CERTIFY, That I attended deceased from April 20 1937 to June 23 1937

I last saw her alive on June 21 1937. Death is said to have occurred on the date stated above, at 4.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic ulcerative Colitis & Hemmorrhage	about 12 yrs ago
Other contributory causes of importance: Myocarditis Hypertension	about 1 yr

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Young M. D.

(Address) 1429 E Monument St

M. D. R. 1265-9

36764

HEALTH DEPARTMENT—CITY OF BALTIMORE 36764

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3218 Eliott St 16-11 St., Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth?... yrs. ... mos. ... ds.

2. FULL NAME Dolores Nowicka

(a) Residence: No. 3218 Eliott St St., ... Ward.
(Usual place of abode) and
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 27 1926

7. AGE: Years 11 | Months 1 | Days 23 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION OF DECEASED

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

PARENTAGE

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Michael Nowicki

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Celia Wisniecka

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Celia Nowicka

(Address) 3218 Eliott St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 6/26 37

19. UNDERTAKER: John J Puda

(Address) 2811 Hudson St

25 1937 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23 37

22. I HEREBY CERTIFY, That I attended deceased from March 26 37 to June 23 37

I last saw h alive on June 23 37 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	3 mo
Other contributory causes of importance: Rheumatic Fever	8 mo

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Chas. D. Neer M. D.

(Address) 408 Cathedral Bank Bldg

36765

E 36765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Pitcher St., 14-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Junior Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 627 Pitcher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25 - 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Wilson Sr

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mabel Wilson Hill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs Mabel Wilson 627 Pitcher St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 6/25/37

19. UNDERTAKER T. G. Kelson (Address) 1303 Presstman St

N 25 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st - 2nd 3rd degree Burn of Body - face - upper & lower extremities	June 23 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 23 1937

Where did injury occur? 627 Pitcher St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fire was started on 2nd floor - burned contents & bedclothes

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 50 Eutaw St

V S 8

E 36766

36766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 Pitcher St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lucetta Hall Worthington

If U. S. Veteran specify WAR .....

(a) Residence: No. 627 Pitcher St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Washington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Geraldine Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geraldine Hall

(Address) 627 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary cemetery Date 6/25/37

19. UNDERTAKER T. E. Kelson

(Address) 1323 Freestman St

20. FILED 19 Registrar

JUN 25 1937

S.6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest therein and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

(Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st. 2nd. 3rd degree Burns of entire Body	June 23 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury June 23 1937

Where did injury occur? 627 Pitcher St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Child was playing on bed

Nature of injury Burns contents Clothes

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

Coroner

(Address) 50 Monument St

3676789 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36767

3 30 1937

CERTIFICATE OF DEATH

114-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. St., 7-5 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Green

If U. S. Veteran specify WAR

(a) Residence: No. 1829 E Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur

6. DATE OF BIRTH (month, day, year) 12/14/86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME John Pryor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louise Nelson

16. BIRTHPLACE (city or town) (State or country) JOHNS HOPKINS HOSPITAL Va

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Blackstone Va. Date June 25 1937

19. UNDERTAKER Mrs. H. C. Elliott-daughter.

(Address) 1129 N. Eden Street.

20. FILED 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 1937 to June 22 1937

I last saw h alive on June 22 1937 Death is said to have occurred on the date stated above, at 10 25a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema with pyo-pneumothorax left,	6-18-37
Other contributory causes of importance: Lung abscess, left lower lobe	6-12-37

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frederick C. Walker Jr. M. D.

(Address) Johns Hopkins Hospital.

JUN 23 1937

✓ F 36768

36768 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 Oak St. St. 12-7 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George H. Buchheimer

If U. S. Veteran specify WAR .....

(a) Residence: No. 2721 Oak St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Taylor Buchheimer

6. DATE OF BIRTH (month, day, year) Dec. 15th. 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfgr. leather goods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME John Buchheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Weitzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise Sandless

(Address) 2721 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 6-26-37. 19

19. UNDERTAKER Kendall E. Humphreys

(Address) 1501 N. Broadway.

20. FILED ..... 19 ..... Registrar

Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-37. , 19

22. I HEREBY CERTIFY, That I attended deceased from June 22. 1937. to June 24 1937

I last saw h~~im~~ alive on June 22 1937. Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis.	Several years
Cardiac Asthenia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wallace W White Jr M. D.

(Address) 2800 St Paul St

36769

HEALTH DEPARTMENT—CITY OF BALTIMORE

36769

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S Mount St. 19-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ignatius Hasselberger

If U. S. Veteran specify WAR .....

(a) Residence: No. 213 S Mount St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or race: W

5. Single, Married, Widowed, Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Minnie Hasselberger

6. DATE OF BIRTH (month, day, year): Aug 29 1854

7. AGE: Years 82 | Months 9 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER FATHER

13. NAME: Ferdinand Hasselberger

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Susan Franck

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs. Hasselberger

(Address) 213 S Mount

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 6/26/37

19. UNDERTAKER: Joyce & Farley

(Address) Fulton & Lafayette

JUN 25 1937

Washington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936 to June 24, 1937

last saw him alive on June 23, 1937. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 mos
Other contributory causes of importance:	
Arteriosclerosis	1 yrs

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) C. Melle M. D.

(Address) 1209 Williams St

Spec.—9-30—A. & Co.—250 Bks

36770 F 36770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

118

1. PLACE OF DEATH

CITY OF BALTIMORE. (No 644 Lee St. 27-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mildred Caldwell

(a) RESIDENCE NO. 644 Lee St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 9 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
F.	Col.	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 9-27-17

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chester S. C.

PARENTS

10 NAME OF FATHER John C. Caldwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Mary Johnston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant John C. Caldwell

(Address) 644 W. Lee St.

15 Filed JUN 23 1937 Huntington Hilliard Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-23-37

17 I HEREBY CERTIFY, That I attended deceased from 4-30, 1937, to 6-22-, 1937

that I last saw her alive on 6-22-, 1937

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Gastritis

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. Mansel Lawrence M. D.

, 19 (Address) 1033 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL June 27, 1937

20 UNDERTAKER Mrs Katie C. Williams

ADDRESS 322 N. Arbuckle St

F 36771

36771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

Registered No. 12-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Barclay St.) (12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Bridget F. O'Connell

If U.S. Veteran specify WAR —

(a) Residence: No. 2011 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles T. O'Connell

6. DATE OF BIRTH (month, day, year): July 11, 1860

7. AGE — Years: 76 | Months: 11 | Days: 12 | If LESS than 1 day, hrs. or min.: —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None for 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

MOTHER'S FATHER

13. NAME: John Murphy

14. BIRTHPLACE (city or town) (State or country): ——— Ireland

15. MAIDEN NAME: Angeletia Dugan

16. BIRTHPLACE (city or town) (State or country): ——— Ireland

17. INFORMANT: Charles T. O'Connell

(Address): 2011 Barclay Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 6/26 1937

19. UNDERTAKER: Harry W. Mears & Son

(Address): 805 N. Calvert St.

20. FILED: JUN 25 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to June 22, 1937.

I last saw h— alive on — 19— . Death is said to have occurred on the date stated above, at 12.50 P m.

The principal cause of death and related causes of importance were as follows:

Cancer of colon, — Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of June 7, 37

For what disease or injury?

Cancer of colon,

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Hugh Forsythe, M. D.

(Address) 404 E. North Ave

F 36772

36772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2442 W. Calvert St., 12 Ward) 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L. Russell

If U.S. Veteran specify WAR .....

(a) Residence: No. 2442 W. Calvert St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph E. Russell

6. DATE OF BIRTH (month, day, year) Mar. 7, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Darragh

14. BIRTHPLACE (city or town) (State or country) Montreal Canada

MOTHER

15. MAIDEN NAME Jane Dougherty

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Robert I. Russell
(Address) 6316 Hoseway, Pinehurst

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 6/26 1937

19. UNDERTAKER Henry H. Meads & Son
(Address) 50 W. Calvert St.

25 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1937, to June 27, 1937

I last saw h[illegible] alive on June 24, 1937. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal-bronchus	
Myocarditis. Arteriosclerosis	Jan 37
Bronchial Insufficiency	
Other contributory causes of importance:	
Nephritis with	2 days
Pulmonary edema	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? N.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Peter F. Dunn M. D.

(Address) 804 Cathedral St.

F 36773

36773 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 16-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Clark

(a) Residence: No. 710 N. Carey St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Clark

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00#0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date June 28 1937

19. UNDERTAKER Joseph A. Finch & Sons
(Address) 1409 N. Mount St.

20. FILED JUN 25 1937 Registrar. Lexington Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-13-1927 to 6-24-1937

I last saw h.im alive on 6-24-1937 Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 6-24-37

Other contributory causes of importance: none

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, what? .....

(Signed) John L. Ramsey M. D.

(Address) Baltimore City Hosp.

14

F 36774

36774 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 34-107-a

1. PLACE OF DEATH Maryland General Hosp. 2 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 5 Ward .....) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur W. Stewart If U.S. Veteran specify WAR .....

(a) Residence: No. 409 Enson St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept. 6, 1886

7. AGE: Years 51 | Months 9 | Days 19 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Mr. Richard Stewart

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Mary Barnsley

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Cabriel Stewart 734 Towson Md

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Hope Date June 28 1937

19. UNDERTAKER (Address): John Burns Sons Towson Md.

FILED JUN 25 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/25/37

22. I HEREBY CERTIFY, That I attended deceased from 5/18/37, 19 to 6/25/37, 19

I last saw h[illegible] alive on 6/25/37, 19. Death is said to have occurred on the date stated above, at 11 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome Adelman M. D.

(Address) Maryland Gen'l Hosp.

36775 E 36775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24376--CM V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 21-1 Ward)

Length of residence in city or town where death occurred 12 days yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Hedges

(a) Residence: No. 819 S. Paca St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-12-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		12days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Osborn

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hilda Brogan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's, Hampden Date June 26, 1937

19. UNDERTAKER Greenwood & Son

(Address) 3615 Greenmount Ave

20. FILED JUN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1937, to 6-24, 1937

I last saw him alive on 6-24, 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6-12-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R B Josey M. D.

(Address) Baltimore City Hospitals

John A Tibits

F 36776

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36776

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1148 Carroll St. St. 21-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John A Tibits

(a) Residence: No. 1148 Carroll St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nellie May Reed
(Address) 1148 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date June 29 1937

19. UNDERTAKER Conaway Inc
(Address) 1017 N Carey St.

20. Filed JUN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to June 25 1937

I last saw him alive on June 24 1937. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial fibrosis	?
arteriosclerosis (Renal Failure)	

Other contributory causes of importance:

generalized arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert J. Glass M. D.

(Address) 876 Washington Blvd

F 36777

36777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24395--CM

V 137

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 1-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Altevogt

If U. S. Veteran specify WAR

(a) Residence: No. 638 S. Montford Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7-4-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Wm. Altevogt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelminia

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Cem. Date June 26 19 31

19. UNDERTAKER John G. Miller

(Address) 2334 Jefferson St.

20. FILED [illegible] Remington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14-1937 to 6-23-1937

I last saw h[illegible] alive on 6-23-1937 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	5 yrs
Bilateral Pyelonephritis	?
Other contributory causes of importance:	
Arteriosclerosis, general	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. C. Brantigan M. D.

(Address) Baltimore City Hosp.

Dr Cotton St Paul . Preston

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3778 — E 36778 — 53-E

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 324 East 28th St. (or Ward) 12-3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR No Record

2. FULL NAME George L Flamm

(a) Residence: No. 324 East 28th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna M. Flamm

7. DATE OF BIRTH (month, day, year): January 1. 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lee Co

10. Date deceased last worked at this occupation (month and year): Oct. 24

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of father: William Flamm

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of mother: Catherine Baltz

16. BIRTHPLACE (city or town) (State or country): St Louis

17. INFORMANT: Anna M Flamm
(Address) 324 East 28th

18. BURIAL, CREMATION, OR REMOVAL: Greenmount Date June 28 37

19. UNDERTAKER: Herbert Cook
(Address) 1217 St Paul Street

20. FILED JUN 5 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1. 1937 to June 23rd. 1937
I last saw h. alive on June 23 1937 Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of neck (Carotid Tumor)

Date of onset

Other contributory causes of importance:
Lobar Pneumonia

Was an operation performed? Yes Date of January 2. 1936
For what disease or injury? Carcinoma of neck
Name of operation Excision of tumor
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Alberlus Cotton M. D.
(Address) 101 E. Preston St
Balto. Md

F 36779

36779 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 42-B

Registered No.

1. PLACE OF DEATH University Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... Street ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME John Ziolkowski

(a) Residence: No. 120 (Usual place of abode) First ave Lansdowne, Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Ziolkowski

6. DATE OF BIRTH (month, day, year) June 23 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cabinet maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grate Plant 60 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Paul Ziolkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Paul Ziolkowski Son

(Address) 216 S. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 26 19 37

19. UNDERTAKER John M Welty

(Address) 401 S. Chester St

20. FILED ... 19... Registrar

25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/37

22. I HEREBY CERTIFY, That I attended deceased from May 29 1937 to 6/23/37 19...

I last saw him alive on 6/23/37 19... Death is said to have occurred on the date stated above, at 2.50 P. m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Ruptured Diverticulum Gangrene of Sigmoid (Ergot or Reynolds)?	5/29
Other contributory causes of importance: Labor pneumonia, rt lower	6/21/37

Was an operation performed? Yes Date of 6/10/37

For what disease or injury? Biopsy of gland groin

Name of operation Biopsy

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Wallace I. Duffield M. D.

(Address) University Hospital

F 36780

36780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

36-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6560 Parnell Ave. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MINERVA ELIZABETH HALL

(a) Residence: No. 6560 Parnell Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Alfred Hall

6. DATE OF BIRTH (month, day, year) March 30, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milford Delaware

FATHER

13. NAME Harrison H. Webb

14. BIRTHPLACE (city or town) (State or country) Milford Delaware

MOTHER

15. MAIDEN NAME Sarah P. Stevenson

16. BIRTHPLACE (city or town) (State or country) Milford Delaware

17. INFORMANT Mrs. Vidette Webster

(Address) 201 Colgate Ave., Dundalk, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Milford Del Date June 25 1937

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED , 19 Registrar.

JUN 25 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1936 to June 23 1937

I last saw h alive on June 23 1937 Death is said to have occurred on the date stated above, at 12 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	over 2 years
Other contributory causes of importance: Lobar Pneumonia	2 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Physical Signs

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Howard Burns M. D.

(Address) 59 Dundalk Ave.

F 36781

6781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 n Caroline St. 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Logan Constine

(a) Residence: No. 313 n Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1905

7. AGE Years 32 Months 5 Days If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Va

13. NAME John Courtine

14. BIRTHPLACE (city or town) (State or country) Essex County Va

15. MAIDEN NAME n/a

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Scott (Address) 313 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 6/26 1937

19. UNDERTAKER Clary & Wilson (Address) 1000 Broadway

20. FILED 25 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 24 1937

I last saw him alive on June 24 1937 Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	about May 25 1937
Phthisis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George L. Allen M. D.

(Address) 507 Lexington St

36783

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36782

36782

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 5-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathaniel Hunter

If U. S. Veteran specify WAR

(a) Residence: No. 630 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6 wks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Barnes

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Rosalie Hunter

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JUN 25 1937 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED JUN 25 1937 19 E. Lee Phillips, Registrar

3618

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937 to June 19, 1937

I last saw him alive on June 19, 1937 Death is said to have occurred on the date stated above, 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	Birth
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Stanley, M. D.

(Address) Johns Hopkins Hospital

F 36783

36783 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. 9-7 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Myers — If U. S. Veteran specify WAR

(a) Residence: No. 1522 Homestead St., S1 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/17/37

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place JOHNS HOPKINS MEDICAL SCHOOL Date JUN 25 1937 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

JUN 25 1937 (Signature of Registrar) Wilhelmina Williams, M.D.

3617 H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937 to June 18, 1937

I last saw her alive on June 18, 1937. Death is said to have occurred on the date stated above, at 7 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stafford M. D.

(Address) Johns Hopkins Hospital

F 36784

36784 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 7 7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME August J Kirchenstein

(a) Residence: No. ~~Parkville~~ 2921 Fourie Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Kirchenstein

6. DATE OF BIRTH (month, day, year) 2-20-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Adam Kirchenstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Grobler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Kirchenstein
(Address) Parkville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 26 1937

19. UNDERTAKER Leonard A Ponka
(Address) 5305 Harford Rd

20. FILED JUN 25 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) by said Inquest find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Right Hip	

Other contributory causes of importance: Hypostatic pneumonia

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/27, 1937

Where did injury occur? 2921 Fourie Ave. Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down Steps

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1919 E. North Ave.

V S 6

F 36785

36785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Walbert Apartments Charles & Lafayette Ave. St., 12-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME T. Murray Maynadier — If U.S. Veteran specify WAR ...

(a) Residence: No. Charles & Lafayette Aves. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Augusta D. Schwartz

6. DATE OF BIRTH (month, day, year) Sept. 18, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 60 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford (State or country) Connecticut

FATHER

13. NAME John H. Maynadier

14. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Matilda Littig

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT John H. Maynadier (Address) 706 Evesham Avenue, Govans

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Cemetery Date 6/26, 37

19. UNDERTAKER Henry H. Mears & Son (Address) 502 N. Calvert St.

20. FILED ... 19 ... Registrar

JUL 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1935 to June 24, 1937

I last saw him alive on June 24, 1937 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Atheroscleroses Arterio Sclerotic Heart Disease	years years
Other contributory causes of importance: Diabetes mellitus	years

Was an operation performed? none Date of

For what disease or injury? none

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Nathaniel M. Beck M. D.

(Address) 2727 N. Charles St.

36786 E 36786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 22744--CM

1. PLACE OF DEATH — Registered No. 82a

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 26-91 Ward 8)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1902 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brown — If U. S. Veteran specify WAR

(a) Residence: No. 1303 Wise Alley (no such address) 3323 Mueller st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-15-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Dick Arnold

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem. Date June 29 1937

19. UNDERTAKER Tilly & Heilenman
(Address) 421 S. Wolfe

20. FILED June 29 1937 [illegible] Registrar.

6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1937 to 6-24 1937

I last saw h[illegible] alive on 6-24 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Mar
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

✓ F 36787

36787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 S. Bentalou St., 20-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Smith

(a) Residence: No. 27 S. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24-1937

7. AGE Years	Months	Days	If LESS than 1 day, 17 hrs. or min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Elmer Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Dorothy Phelps

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Elmer Smith
(Address) 27 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 26 1937

19. UNDERTAKER George L. Schmat.
(Address) 211 Frederick Ave.

26 1937

19 Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24 1937 to June 24 1937

I last saw him alive on June 24 1937 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth. 7 months.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elaston M. D.

(Address) 4 N. Fulton

36788

HEALTH DEPARTMENT—CITY OF BALTIMORE

36788

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Avalon Ave. 13 Ward 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Edith M. Lucas.

(a) Residence: No. 2309 Avalon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. P. Lucas.

6. DATE OF BIRTH (month, day, year) Dec. 25, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Troy N.Y.

MOTHER FATHER

13. NAME Wm McGuirk

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Alderdice

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Fred W. Harden (Address) 2309 Avalon Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 26 1937

19. UNDERTAKER Wm Rickert Sons (Address) North & Pa ues.

20. FILED 1937 Registrar.

26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to June 24 1937

I last saw h alive on June 24 1937. Death is said to have occurred on the date stated above, at 3.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1932
Other contributory causes of importance: Hypostatic Pneumonia	

Was an operation performed? Yes Date of 1932

For what disease or injury? Carcinoma of Stomach

Name of operation Resection

What test confirmed diagnosis? microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Heatwole Gash M. D.

(Address) 1811 Eutaw Place

36789

HEALTH DEPARTMENT—CITY OF BALTIMORE

36789

CERTIFICATE OF DEATH 24479--EF/31

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Foote

(a) Residence: No. 1126 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elijah Foote

7. DATE OF BIRTH (month, day, year) Aug 1898 1893?

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	44?	10	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Rubin ?

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sophronia Wildy

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Reedville Va. Date 6/27 37

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pleasant St

20. FILED 19 Registrar.

26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12 1937 to 6-24 1937

I last saw her alive on 6-24 1937 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertensive Cardio-vascular Renal Disease	3 mos

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John L. Ramey M. D.

(Address) Baltimore City Hospitals

36790 F 36790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp 11-3

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Quincy Murray

If U.S. Veteran specify WAR .....

(a) Residence: No. Reisterstns Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura E. Murray

6. DATE OF BIRTH (month, day, year) Dec. 14, 88 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
49	0	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) May 1, 1937

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) Texas

13. NAME OF FATHER William H. Murray

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Barbara Nash.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Laura E. Murray

(Address) Reisterstns Md

18. BURIAL, CREMATION, OR REMOVAL

Place Deer Park. Date June 28, 37

19. UNDERTAKER Wm. Berry man & Sons

(Address) Reisterstns Md.

20. FILED [illegible] Registrar

JUN 26 1937 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1937 to June 25, 1937

I last saw him alive on June 25, 1937 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	10 yrs

Other contributory causes of importance:

Gangrene Left Leg	5 wks

Was an operation performed? Yes (2) Date of 4-6-37 4-14-37

For what disease or injury? Gangrene

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. P. Slaffer M. D.

(Address) Mellenbrook

M. D. B. 1268-9

6791

HEALTH DEPARTMENT—CITY OF BALTIMORE

36791

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Monle Drive St. 27-20 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Isabella Willett

(a) Residence: No. 3314 Monle Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George H. Willett

14. BIRTHPLACE (City or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Agnes Strasbaugh

16. BIRTHPLACE (City or town) (State or country) Baltimore

17. INFORMANT Mrs Paul Murphy

(Address) 3314 Monle Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Conowago Pa Date June 8 1937

19. UNDERTAKER Frank H. Newell

(Address) Catonsville Md.

JUN 26 1937

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/10/37 . 19 . to 6/25/37 . 19 .

I last saw her alive on 6/25/37 . 19 . Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of body of uterus	one year
Other contributory causes of importance:	
Metastases - to spinal cord.	6/10/37

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Hall M. D.

(Address) 1225 St Charles St

F 38792

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 38792

CERTIFICATE OF DEATH

Registered No. 95 Fee

1. PLACE OF DEATH St Agnes Hospital 25 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. W Lexington St.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran (Specify WAR) No Record

2. FULL NAME Miss Lydia M. Nichols

(a) Residence: No. Rolling Road, Relay Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Nichols

6. DATE OF BIRTH (month, day, year) Feb 14th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Stahl

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Christiana Minko

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Ida C. Waldron

(Address) Leadenhall Arbutus

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date June 28th 1937

19. UNDERTAKER W. Cook
(Address) 7217 St Paul St

25 1937

(Signed) [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7 1937 to June 25 1937

I last saw h[illegible] alive on June 25 1937 Death is said to have occurred on the date stated above, at 8.50A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	Jan 1937
Hypertensive arterio-sclerotic cardiovascular disease	Jan 1936

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) St. Agnes Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36793

CERTIFICATE OF DEATH

186-5

F 36793

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 26-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Grace V. Schlipper

(a) Residence: No. 1701 Pennsylvania St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of August Schlipper

6. DATE OF BIRTH (month, day, year) Feb. 24, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ? Brannan

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lillian J. Buccheri

(Address) 612 Robinhood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 28th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED JUN 29 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusions of left hip	
Other contributory causes of importance: Bronchio-pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/21/1937

Where did Injury occur? 1701 Pennsylvania Ave. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schnitker, M. D.

Coroner

(Address) 1112 E. Ninth Ave.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36794

CERTIFICATE OF DEATH

131 F 36794

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy City Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Howard

If U. S. Veteran specify WAR

(a) Residence: No. 1110 E Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of? Mary Howard

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington DC

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Lucy Holmes

(Address) 1110 E Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 6-26-1937

19. UNDERTAKER Byron & Maguire & Knight

(Address) 2101 McCulloh St

26 1937 Huntington Wellmore ND

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	June 15 1937

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S. Allen M. D.

Coroner

(Address) 501 Fayette St

V S 6

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36795

CERTIFICATE OF DEATH

183 F 36795

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lincoln Beach Park. St., 54 Ward)

Length of residence in city or town where death occurred 18 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry F. James. (c)

(a) Residence: No. 1106 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 6, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter James. (c)

14. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER

15. MAIDEN NAME Jennie Jones. (c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Jennie James (c) mother
(Address) 1106 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Removal Date June 27, 1937

19. UNDERTAKER Wm. Justis R. Williams
(Address) 322 E. Lanvale St.

FILED JUN 26 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and (from the evidence obtained by said inquiry) find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while in swimming.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 23

Where did injury occur? Lincoln Beach Park.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Drowning.

Nature of injury In swimming.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

6/25/37 (Address) 1017 S. Charles St.

36796 ✓ B36796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36796 124-a

Registered No. 36-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3404 E. Lombard St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anton Rackl

If U.S. Veteran specify WAR

(a) Residence: No. 3404 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 11 1884

7. AGE: Years 52 Months 5 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Wasserburger

(Address) 3404 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date June 28 1937

19. UNDERTAKER Mgr. W. E. Dippel

(Address) 37 S. Eutaw St.

Huntington Williams, Inc.

(Registered number)

JUN 26 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1936 to 6-25, 1937

I last saw him alive on 6-25, 1937 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	Sept. 36
	acute

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Gould, M. D.

(Address) 14 N. East ave.

E 367797

367797 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-a

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St. 20-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Frederick C. Steinwedel

If U. S. Veteran specify WAR

(a) Residence: No. 212 Harmison Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 19TH 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	52	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. Maryland

FATHER

13. NAME ERNEST STEINWEDEL

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) ✓

17. INFORMANT MRS. HARRY J. KROFMAN

(Address) 1033 LEEDS AVENUE

18. BURIAL, CREMATION, OR REMOVAL

Place LOUDON PARK Date JUNE 28 1937

19. UNDERTAKER Raymond Corfman

(Address) 977 Leech Ave.

20. FILED ... 19 ... Registrar.

JE 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-7, 1937, to 6-25, 1937

I last saw him alive on 6-24, 1937 Death is said to have occurred on the date stated above, at 5.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic Ulcer	Mar. 1937
Coronary Occlusion	6/25/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M. Cordi, M. D.

(Address) St Agnes' Hospital

M. D. P. 1268-9

F 36798

36798 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Fritz

(a) Residence: No. Mt airy R.F.D. St., Ward.

(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2 26 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

FATHER

13. NAME Samuel Fritz

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME alice Nail

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Samuel Fritz (Address) mt. airy md

18. BURIAL, CREMATION, OR REMOVAL Place Bethel cem Date June 29 1937

19. UNDERTAKER H. M. Sappington (Address) mt. airy md

20. FILED JUN 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/16, 1937, to June 26, 1937

I last saw him alive on June 26, 1937. Death is said to have occurred on the date stated above, at 10.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis	
Uremic Poisoning	
Other contributory causes of importance:	
acute Pulmonary Edema	
Myocardial Failure	

Name of operation Nephrectomy Date of 6/16/37

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Hampton M. D.

(Address) Church Home Baltimore

E 26799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 1448-67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jeanette Miller

(a) Residence: No. 2015 E Balto St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND (or) WIFE of: Philip Miller

6. DATE OF BIRTH (month, day, year): Feb 15 1911

7. AGE: Years: 26 | Months: 4 | Days: 11 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 6 mo

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Lazar Bernstein

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Hinda Mustein

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Lazar Bernstein

(Address) 2218 Whittier ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodside Cem Date: June 27 1937

19. UNDERTAKER: Sol Levinson & Bro

(Address) 1527 E Baltimore St

19. FILED ... 19 ... Registrar

JUN 27 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937 to June 26, 1937

last saw h[illegible] alive on June 26, 1936 Death is said to have occurred on the date stated above, at 30 a.m.

The principal cause of death and related causes of importance were as follows:

Pregnancy, Labor

Shock

Status Thymolymphaticus

Date of onset

Other contributory causes of importance:

Hemorrhoids

Anesthesia

Was an operation performed? ... Date of ...

For what disease or injury?

What test confirmed diagnosis? P.E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) M. Alexander Novey M. D.

(Address) 24 24 Eutaw Place

36800 E 36800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24516 JS

Registered No. 25-4107-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Williams

(a) Residence: No. 3638 Hanover St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
F	W	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy Williams

6. DATE OF BIRTH (month, day, year) 8-23-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry Hildebrandt

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Rhoendrop

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date June 28 1937

19. UNDERTAKER A. Howard Evans (Address) 140 E. Chase St.

20. FILED JUN 27 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-21 1937 to 6-26 1937

I last saw her alive on 6-26 1937 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	4 days
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation NO

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John F. Ramey M.D.

(Address) Baltimore City Hospitals

allain

HEALTH DEPARTMENT—CITY OF BALTIMORE

36801 36801

CERTIFICATE OF DEATH

V 82-3

Registered No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3107 Royston Ave. (Ward) 47

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Isabelle V. meek

(a) Residence: No. 3107 Royston Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W.	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles O meek

6. DATE OF BIRTH (month, day, year) 12-4-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Kirby

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Catherine Gaylor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles O meek

(Address) 3107 Royston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 6/28/37

19. UNDERTAKER Leonard J. Buck

(Address) 5305 Harford Rd.

20. FILED JUN 27 1937 19 ..... Registrar. K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24/37

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937, to June 24, 1937

I last saw her alive on June 24, 1937. Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	5-22-37
Other contributory causes of importance: Arteriosclerosis	1926

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation none

What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

36802 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36802

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH 427 W. Biddle st

CITY OF BALTIMORE: (No. ..... St., 11-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Moten Smith

If U. S. Veteran specify WAR .....

(a) Residence: No. 427 W. Biddle St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ~~Feb 15 1865~~ Mon. 15 da 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
age 72	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1940

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~Caroline~~ Caroline County Va.

FATHER

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) (State or country) Caroline County Va.

MOTHER

15. MAIDEN NAME Sarah Turner.

16. BIRTHPLACE (city or town) (State or country) Caroline County Va.

17. INFORMANT Mrs Ella Bradford

(Address) 427 W Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Cem.

Place Mt. Calvary June 27 37

19. UNDERTAKER A. Lee Stafford & Bernard Stafford.

(Address) 1518 Druid Hill Ave.

20. FILED JUL 1 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1937 to June 24, 1937

I last saw h[illegible] alive on June 23 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance Arteriosclerosis	?
	acute

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, state fully .....

(Signed) [illegible] Mather, M. D.

(Address) [illegible]

36803 E 36803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-16 Ward)

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Rubin

(a) Residence: No. 4616 Reisterstown Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Rubin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Rockford

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie Rockford

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dave Schnapper

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Date 6/27/37

19. UNDERTAKER Act. Funeral Dir. (Address) 1899 E. Baltimore St.

20. FILED JUN 27 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to June 27, 1937

I last saw her alive on June 27, 1937 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration of unknown etiology	1936
Cardiac failure	1936
Bronchopneumonia	6-24-37

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bernard Lubman, M. D.

(Address) Sinai Hospital

36804 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36804

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 S. Broadway St., 2-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Harbinger

(a) Residence: No. 205 S. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie Lee Goltzin

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Mordicia

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Chaid

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr Goltzin

(Address) 5 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL Babtz Hebrew Date 6/27/37

19. UNDERTAKER Jacob Levin Dale

(Address) 1439 E. Baltimore St

20. FILED ..... 19.....

JUN 27 1937 Registrar. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20 1937 to June 25 1937

I last saw him alive on 6-25 1937 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-22-37
Arteriosclerosis	1930?

Other contributory causes of importance:

0	

Was an operation performed? no Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jacob Cohen M. D.

(Address) 1804 Eutaw Place

36805

HEALTH DEPARTMENT—CITY OF BALTIMORE

36805

CERTIFICATE OF DEATH 20538--EF 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-2 Ward

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 35 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma Cherniff (Chernin)

(a) Residence: No. 1537 N. Appleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Max Cherniff

6. DATE OF BIRTH (month, day, year): 7-16-1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9 11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done; as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joseph Zachanski

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Celia ?

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Thurston Hill Rd Date 6/27-37

19. UNDERTAKER: Jack Lewis Inc
(Address) 1439 E Baltimore St.

20. FILED ..... 19..... Registrar.

JUN 27 1937 Arlington Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1937 to 6-26 1937

I last saw her alive on 6-24 1937. Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastases	6 yrs

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. C. Brantigan M. D.

(Address) Baltimore City Hosp

36806 Grace E Harrow F 36806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (Name) Union Memorial Hospital (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Howard E. Harrow (Grace)

If U. S. Veteran specify WAR

(a) Residence: No. Chillicothe Ohio St., Ward. Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. R. Howard E. Harrow

6. DATE OF BIRTH (month, day, year) Mr 4 - 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 9-1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Bolivar, Mo.

FATHER

13. NAME Fred J. Berger

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza Woodward

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mr Fred J Berger 2828 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL Chillicothe Ohio Date 6/27 1937

19. UNDERTAKER William Cook (Address) 1217 St Paul street Balto Md

20. FILED JUN 27 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/11, 1937, to 6/27, 1937

I last saw her alive on 6/27, 1937 Death is said to have occurred on the date stated above, at 2:35 A m.

The principal cause of death and related causes of importance were as follows:

Malignant Hypertension — Date of onset 5/4/37

Coma Uremia — 6/24/37

Other contributory causes of importance:

Was an operation performed? yes Date of

For what disease or injury? Hypertension

Name of operation Cannulotomy; colonotomy

What test confirmed diagnosis? LAB Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. D. Susa, M. D.

(Address) Union Memorial Hospital

F 36807 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36807

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth T. Speers If U. S. Veteran specify WAR

(a) Residence: No. 4 & 6 Johns Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 9, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Rev Thomas G. Speers

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Elizabeth Thacher

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Rev. T. G. Speers

(Address) 4 & 6 Johns Road

18. BURIAL, CREMATION, OR REMOVAL

Place Montclair N. J. Date June 28 37

19. UNDERTAKER John Underhill Sons

(Address) 900 Eutaw Place

FILED JUN 27 1937 19..... Registrar.

Lexington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 '37, 1937 to June 26, 1937

I last saw h. alive on June 26, 1937. Death is said to have occurred on the date stated above, at 3:52 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
STAPHYLOCOCCIC HEMOLYTICUS SEPTICEMIA	May 19, 1937

Other contributory causes of importance:

METASTATIC ABSCESSES	

Was an operation performed? YES Date of 5/21/37

For what disease or injury? PERICARDIAL DRAINAGE

Name of operation

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. M. Copeland M. D.

(Address) Union Memorial Hosp.

F 36808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Lee Ralls

If U. S. Veteran specify WAR .....

(a) Residence: No. 609 Westheimer St. St., ... Ward. Houston Texas

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 9/8/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME George Ralls

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Louise Beard

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Houston Texas, Date June 30 1937

19. UNDERTAKER John Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937 to June 26, 1937

I last saw her alive on June 26, 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Operative Shock — Date of onset 6-26

Other contributory causes of importance:

Congenital hydrocephalus

Was an operation performed? Yes Date of 6-26-37

For what disease or injury? Hydrocephalus

Name of operation Choroid Plexectomy

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Jonas Jr. M. D.

(Address) The Johns Hopkins Hospital

53

N 27 1937 Huntington, W. Virginia, 10

36809 F 36809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 172 St., 12-5 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. ~~Walter~~ Anna L. Lucas (Anne)

If U. S. Veteran specify WAR .....

(a) Residence: No. 1728 St. Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter T. Lucas

6. DATE OF BIRTH (month, day, year) Sept 29. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Grafton Bramble

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Mary E. Smith

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mary R. Bramble
(Address) 1728 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date June 29 1937

19. UNDERTAKER John Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar.

JUN 27 1937

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3. 1937. to June 26. 1937

I last saw her alive on June 26. 1937 Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

Atelectasis right lung — Date of onset 6-24-37

Other contributory causes of importance

Pyelitis, right — 5-30-'37

Herpes Zoster — ?4-21-'37

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert H. Ivey M. D.

(Address) Union Memorial Hosp.

6810

HEALTH DEPARTMENT—CITY OF BALTIMORE 36810

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Union Memorial Hospital — Registered No. .....
CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Sale Woolford — If U. S. Veteran specify WAR .....

(a) Residence: No. 3031 St Paul St St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Curtis Waples Woolford

6. DATE OF BIRTH (month, day, year) Aug. 24, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5437
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER
13. NAME Joseph H. Sale
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Laura Frush
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Curtis W. Woolford
(Address) 3031 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
(Name) Loudon Park Date June 29 37

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19.... Registrar
JUN 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 37 to June 26, 1937
I last saw her alive on June 26, 1937 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	
Other contributory causes of importance:	

Was an operation performed? Yes Date of June 25, 1937
For what disease or injury? Carcinoma of colon
Name of operation Abdominal exploration
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. D. Sunday, M. D.
(Address) Union Memorial Hosp.

✓ F 36811

36811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Argyle St., Ward) 17-2

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella Ellenor McElmeaux

(a) Residence: No. 1013 Argyle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced (or) WIFE of Gabriel McElmeaux

6. DATE OF BIRTH (month, day, year) Sept 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montserrat West Indies Isl.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Montserrat West Indian Island

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Montserrat

17. INFORMANT Lenard Jones

(Address) 211 N Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlawn Memorial Pk. Date June 27, 1937

19. UNDERTAKER Mrs. E. A. Elliott & Daughter

(Address) 612 W. Caroline St.

19 ..... Registrar

FILED 27 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to June 24, 1937

I last saw her alive on June 24, 1937. Death is said to have occurred on the date stated above, at 3:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/24/37

Other contributory causes of importance:

Hypertension [redacted] Nephritis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert L. Leonard, M. D.

(Address) 522 N. Bond St

36812 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36812

CERTIFICATE OF DEATH

106

1. PLACE OF DEATH — Westport

CITY OF BALTIMORE: (No. 2217 Sidney Ave. St., Ward 3)

Registered No. ..... (If death occurred in a hospital or institutinn, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Schwartz — If U. S. Veteran specify WAR .....

(a) Residence: No. 2217 Sidney Ave., St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Magdalena Schwartz

6. DATE OF BIRTH (month, day, year) Nov. 1, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Russia

FATHER

13. NAME — Not Known

14. BIRTHPLACE (city or town) (State or country) — Russia

MOTHER

15. MAIDEN NAME — Not Known

16. BIRTHPLACE (city or town) (State or country) — Russia

17. INFORMANT — Mrs. Josephine Schuler

(Address) 3211 Beverly Road

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 28, 1937

19. UNDERTAKER — I. Lee Penny

(Address) 712 Light St

20. FILED ..... 19..... Registrar.

JUN 27 1937 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to June 25, 1937

I last saw him alive on 6/24, 1937. Death is said to have occurred on the date stated above, at 3.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-21-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? PE. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Edward J. Shula, M. D.

(Address) 1000 Eastern Ave.

M. D. H. 1268-9

36813

F 36813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

209-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., ~~Ward~~) 244-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James H. Fitzhugh.

(a) Residence: No. 1108 Battery Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Annie Fitzhugh.

6. DATE OF BIRTH (month, day, year) August 26, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Old Bay Line.

10. Date deceased last worked at this occupation (month, day, year) 5/15/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME Thomas Fitzhugh.

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Jennie Harting.

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md

17. INFORMANT Annie Fitzhugh. (wife)
(Address) 1108 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 28, 1937

19. UNDERTAKER John F Deering
(Address) 715 Light St

FILED JUN 27 1937 Clinton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Struck by a street car while crossing the street.	5/15/37
Accidental Death.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquest & Hospital Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/15/37 19...

Where did injury occur? Light St below Barre St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Struck by street car.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto Hutchinkart M. D.
Coroner

6/26/37 (Address) 1017 S. Charles St.

36814 E 36814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

142-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospitals Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernestine Jacobs

(a) Residence: No. 1416 Myrtle Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Jacobs

6. DATE OF BIRTH (month, day, year) May 7-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Kenneth Boyce

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Florence Scott

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Edward Jacobs
(Address) 1416 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Date June 29 1937

19. UNDERTAKER Chas H Alexander
(Address) 1200 N McCulloh St

20. FILED ..... 19 ..... Registrar.

JUN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ectopic Pregnancy (Ruptured)	April 20 1937

Other contributory causes of importance:

Was an operation performed? yes Date of June 25-37

For what disease or injury? Laparotomy - Abdominal Date June 25-37

Name of operation Salpingectomy Was there an autopsy? no

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 850 Saratoga St.

36815

HEALTH DEPARTMENT—CITY OF BALTIMORE

36815

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 George St. 17th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Dillon Burton

If U. S. Veteran specify WAR .....

(a) Residence: No. 629 George St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) July 5 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) Recent

11. Total time (years) spent in this occupation 6 Mo.

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME Richard H. Wms.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sophie Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sophie Williams

(Address) 629 George St

18. BURIAL, CREMATION, OR REMOVAL Mt Calvary Cem Date June 28 37

19. UNDERTAKER Bond & Brysley

(Address) 848 Druid Hill Ave.

Date of this certificate June 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11 1937 to June 27 1937

I last saw h.. alive on June 27 1937 Death is said to have occurred on the date stated above, at 10 40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	6/23/37
Other contributory causes of importance:	
Nephritis	? over

Was an operation performed? yes Date of June 11 1937

For what disease or injury? Retroversion Uterus

Name of operation Cauterization of Uterus

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Bond & Brysley M. D.

(Address) 1207 N Caroline St

36816

F 36816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1530 Park ave St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Randolph Winslow, M.D. If U. S. Veteran specify WAR

(a) Residence: No. 1530 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	WIDOWER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Reed.

6. DATE OF BIRTH (month, day, year) JUNE 10 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Caleb Winslow M.D

14. BIRTHPLACE (city or town) (State or country) Belvidere, NC

MOTHER

15. MAIDEN NAME Jane Parson Parry

16. BIRTHPLACE (city or town) (State or country) New Hope Pa.

17. INFORMANT Nathan Winslow

(Address) 1900 Mt Royal Ter,

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Burial Ground Hartford Co. Date June 28 1937

19. UNDERTAKER Henry W. Jenkins Sons Co

(Address) Calleck & Orchard Sts

N 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15 1937 to June 26 1937

I last saw him alive on June 26 1937 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance

Generalized arteriosclerosis

Was an operation performed? L Date of L

For what disease or injury? L

Name of operation L Date of L

What test confirmed diagnosis? Was there an autopsy? L

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Winslow M. D.

(Address) 1900 Mt Royal T[illegible]

36817 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36817

CERTIFICATE OF DEATH

✓66-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Linden Ave 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen V. Simmons

If U. S. Veteran specify WAR .....

(a) Residence: No. 1523 Linden Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July ? 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Simmons

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E Bolton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Irving Adams

(Address) Jessup Howard Co Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 28 1937

19. UNDERTAKER Henry Menkens & Son Co

(Address) Oakdale Ave Catholic Pt

20. FILED JUN 28 1937 Washington Nutwachter M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1936 to June 27, 1937

I last saw him alive on June 27, 1937. Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	June '36

Other contributory causes of importance:

Toxic Thyroid	Jan. '36
Arterio-sclerosis	Jan. '36

Was an operation performed? No Date of None

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

E 36818

6818 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 24553--CM

CERTIFICATE OF DEATH

Registered No. 34-9.82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 16 Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret Watkins

(a) Residence: No. 1127 N. Calhoun St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joe Boyd

6. DATE OF BIRTH (month, day, year) 1-29-1888 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	30	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6-29 37

19. UNDERTAKER George E. Nelson
(Address) 1313 Eastman st

20. FILED [illegible] Registrar

JUL 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1937 to 6-26 1937

I last saw her alive on 6-26 1937 Death is said to have occurred on the date stated above, at 1-5 Am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospitals

6819 F 36819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 89-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Edward Pfeffer

If U. S. Veteran specify WAR

(a) Residence: No. 7 South Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Rose Pfeffer

6. DATE OF BIRTH (month, day, year) Sept 3, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bailer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paperbox Mfgr

10. Date deceased last worked at this occupation (month and year) May 12, 1937

11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward August Pfeffer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Catherine Brady

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Father (Address) Above

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date June 29, 1937

19. UNDERTAKER George A. Weber (Address) 700 S. Conkling Street

20. FILED JUN 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937, to June 25, 1937.

I last saw him alive on June 25, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis	
Lateral Sinus Thrombosis	
Other contributory causes of importance:	
General Sepsis	

Was an operation performed? Yes Date of May 13, 1937

For what disease or injury? Acute Mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard H. Pembroke M. D.

(Address) Mercy Hosp.

36820 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36820

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Alkevitch

If U. S. Veteran specify WAR

(a) Residence: No. Frances Miss Rd St., Ward. Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Alevitch

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Ursula Maculis

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Ursula Chustis

(Address) 359 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 29 1937

19. UNDERTAKER: John Grabliauskas

(Address) 423 S. Paca St.

20. FILED ..... 19.....

JUN 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to June 25, 1937

I last saw her alive on June 25, 1937. Death is said to have occurred on the date stated above, at 11 35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	?
Congestive failure	1
Other contributory causes of importance:	
Pulmonary Emphysema	1 day

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Francis H Mathews M. D.

(Address) St Jos Hosp.

36821 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E368-1

✓ 110

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH St. Joseph's Hospital St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... Life

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellwood A. Will

(a) Residence: No. 1503 Covington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Grace Hay Will

6. DATE OF BIRTH (month, day, year) June 3 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lacee Insulator Co.

10. Date deceased last worked at this occupation (month and year) 0 0 6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME August Will

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Spedden

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Grace Will (wife)

(Address) 1503 Covington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date June 29 1937

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St.

20. FILED JUN 23 1937 Registrar. Withdrawn No

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27-1937

22. I HEREBY CERTIFY, That I attended deceased from June 21 1937 to June 27 1937

I last saw him alive on June 27 1937

Death is said to have occurred on the date stated above, at 7:24 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyohemothorax, Right	5-21-37
Other contributory causes of importance:	

Was an operation performed? Yes. Date of 6-26-37

For what disease or injury? Pyohemothorax

Name of operation Thoracotomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank A. Stevenson, M. D.

(Address) St. Joseph Hosp.

F 36822

6822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (If not in hospital, ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Moran

If U. S. Veteran specify WAR .....

(a) Residence: No. 1312 Towson St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Seitzer Moran

6. DATE OF BIRTH (month, day, year) Nov. 15, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Timothy Moran

14. BIRTHPLACE (city or town) (State or country) Balto, md

MOTHER

15. MAIDEN NAME Catherine Imhoff

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Mrs. Moran

(Address) 1312 Towson St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Gr. Date June 29, 1937

19. UNDERTAKER Margaret G. Flynn

(Address) 1422 Light St

20. FILED JUN 28 1937, 19..... Registrar. Fitzgerald, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to June 26, 1937

I last saw him alive on June 26, 1937. Death is said to have occurred on the date stated above, at 8 11/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Abdominal Adhesions	1 yr
Break down of Abdominal incision 6-19 & 6-21	
Other contributory causes of importance: Terminal Bronchopneumonia 6 days	

Was an operation performed? Yes Date 6-10-37 & 6-19 & 6-21

For what disease or injury? Release of adhesions & Suturing of broken down abdominal wound

Name of operation

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank H. Stephenson M. D.

(Address) [illegible]

F 36823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36823

CERTIFICATE OF DEATH

✓ 46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bauslaw Torobyska

(a) Residence: No. 918 E. Pratt St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rubin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Eastern Police Station

(Address) Balto, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem Date June 29, 1937

19. UNDERTAKER George W. Shilen

(Address) 1737 E Eager St.

JUN 29 1937

[illegible] Witness

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterus - Abdominal Carcinoma (Probably Stomach)	

Other contributory causes of importance:

Stomatitis & Secondary anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1918 E. North Ave.

36824 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36824

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dolores Mildred Litsinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 1125 Sargeant St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 11-8-29

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	7	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William F. Litsinger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mildred A. Buhl

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William F. Litsinger

(Address) 1125 Sargeant St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date June 28, 1937

19. UNDERTAKER George W. Sirkin

(Address) 1737 E. Eager St.

20. FILED JUN 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/21/37, 19..., to 6-25, 1937

I last saw h.. alive on 6-25, 1937 Death is said to have occurred on the date stated above, at 5:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease (acute rheumatic myo-carditis)	4-37
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) Union Memorial Hosp.

36825

F 36825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital TD-M Registered No.

CITY OF BALTIMORE: (No. ... St. | - | Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Marita Block

(a) Residence: No. 1003 S Kenwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 18 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or County) (State or Country) Baltimore Md

MOTHER FATHER

13. NAME Frank H Block

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Edna M Michael

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frank Block

(Address) 1003 S Kenwood

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem Date May 28 1937

19. UNDERTAKER Fred J Wolfe Inc

(Address) 1500 S Kenwood ave

20. FILED MAY 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) state the following: Accident, suicide, or homicide? Accident Date of injury June 25 1937

Where did injury occur? In front of 1002 S Kenwood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

How injury occurred Struck by Auto while playing

Manner of injury Ran West to East

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Hubert Bartley Autz M. D. Coroner

(Address) 907 N Calvert St

36826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36826

CERTIFICATE OF DEATH

126

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Jennie Stonesifer

(a) Residence: No. Westminster, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stonesifer

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME David Boose

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hull

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Run Cem. Date July , 1937

19. UNDERTAKER Leonard Hoop

(Address) Westminster Md.

20. FILED JUN 28 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to June 28, 1937

I last saw her alive on June 28, 1937 Death is said to have occurred on the date stated above, at 8:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis c Cholecystitis	
Other contributory causes of importance:	
Terminal Bronchopneumonia	

Was an operation performed? yes Date of May 27, 1937

For what disease or injury? Cholelithiasis

Name of operation Cholecystostomy

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edward Cotter M. D.

(Address) University Hospital

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36827

CERTIFICATE OF DEATH

82-d

F 36827

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1328 Mosher St St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Valentine

If U.S Veteran specify WAR

(a) Residence: No. 1328 Mosher St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: John Valentine

6. DATE OF BIRTH (month, day, year): 1875

7. AGE: Years 61 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Towsontown Baltimore Co, Md.

FATHER

13. NAME: Thomas Simms

14. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

MOTHER

15. MAIDEN NAME: Sarah L. Riddle

16. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

17. INFORMANT: Mary Morton

(Address) 1328 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: June 28 37

19. UNDERTAKER: Jesse M. Riddick

(Address) 1532 W. Biddle st.

20. FILED: Huntington Williams, M.D.

JUN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20. 1937. to June 25. 1937

I last saw her alive on June 25. 1937 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 6/20/37

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Was an operation performed? no Date of none

For what disease or injury? none

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David J. Chapman M. D.

(Address) 1613 E. Baltimore St.

Mrs Annie Mable Creswell

HEALTH DEPARTMENT—CITY OF BALTIMORE

36828

CERTIFICATE OF DEATH

X108 F 36828

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial 12-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Burnett Creswell (Mable) If U. S. Veteran specify WAR .....

(a) Residence: No. Fernmoor Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Burnett Creswell.

6. DATE OF BIRTH (month, day, year) Oct 10 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Co,

MOTHER

13. NAME Mrs H Gordon

14. BIRTHPLACE (city or town) (State or country) Balt Co

FATHER

15. MAIDEN NAME Sarah Peace.

16. BIRTHPLACE (city or town) (State or country) Balt Co,

17. INFORMANT Mrs. A Gordon

(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Poplar Cockeysville Md June 30, 19 37

19. UNDERTAKER Jno. E. Brooks & Son

(Address) Towson Md

20. FILED June 30 1937 Huntington Williams, M.D.

JUN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1937

22. I HEREBY CERTIFY, That I took Inquiry of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follow:

	Date of onset
Lobar Pneumonia	6-21-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Horan M. D.

(Address) Coroner

36829

HEALTH DEPARTMENT—CITY OF BALTIMORE

36829

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 McHenry St. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip T. Everhart

If U. S. Veteran specify WAR

(a) Residence: No. 921 McHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa R. Everhart

6. DATE OF BIRTH (month, day, year) Nov. 11, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leesburg, Va.

FATHER

13. NAME Tilman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Anna Everhart

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rosa R. Everhart
(Address) 921 McHenry St.

18. BURIAL, CREMATION OR REMOVAL
Place Loudon Park Date 6-30 1937

19. UNDERTAKER Fuchs & Gold
(Address) 1200 W. Baltimore St.

20. FILED Lexington Williams, Registrar.

JUN 23 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1937

22. I HEREBY CERTIFY, That I attended deceased from December 1936 to June 26 1937

I last saw him alive on June 26, 1937. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery sclerosis	
Coronary thrombosis	June 25, 1937
Hypertension - myocardial failure	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Albert L. Glass M. D.

(Address) 876 Washington Blvd.

E 36830

HEALTH DEPARTMENT—CITY OF BALTIMORE

36830

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 25-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR ...

2. FULL NAME Elmer F. Leppo

(a) Residence: No. 1818 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~single~~ widowed, ~~divorced~~ HUSBAND of ~~(or) WIFE of~~ Mrs Leppo (agree)

6. DATE OF BIRTH (month, day, year) March 11-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	3	16		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Simon Leppo

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Catherine Frazer

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Harry F. Leppo

(Address) 1722 Ronald Ave

18. BURIAL, CREMATION, ~~REMOVAL~~ Date Jun 30 1937

Place Lutheran Cemetery

19. UNDERTAKER Chas. B. Ireland & Son

(Address) 1518 Madison Ave

N 29 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/1937

22. I HEREBY CERTIFY, That I attended deceased from 4/22/1937 to 6/27/1937

I last saw him alive on 6/27/1937 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urinary Fistulas	
Prostatectomy	
Left sided heart failure	
with pulmonary congestion	

Other contributory causes of importance:

Was an operation performed? Yes Date of 5/2/37

For what disease or injury? Hypertrophied Prostate

Name of operation Supra pubic Prostatectomy

What test confirmed diagnosis? Gen Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Walter Henry Gerwig M. D.

(Address) University Hospital

M. D. B 1268-9

F 36831

36831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 499

1. PLACE OF DEATH

Registered No. 2453

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas B. Loving. If U. S. Veteran specify WAR ...

(a) Residence: No. Severn A.A.Co. Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) HUSBAND OF (or) WIFE of Mary R. Loving.

6. DATE OF BIRTH (month, day, year) September 25, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month, day, year) 6/25/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Thos Loving

14. BIRTHPLACE (city or town) (State or country) Do not know. Va

MOTHER

15. MAIDEN NAME Margaret Gale

16. BIRTHPLACE (city or town) (State or country) Do not know. Va

17. INFORMANT Homer Loving. (son)
(Address) Severn A.A.Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Cem. Date June 28, 37

19. UNDERTAKER Mrs. T. Pickney Sons
(Address) Dr. Eugene Williams M.D.

20. FILED JUN 28 1937 [illegible] Registrar

OCCUPATION IS VERY IMPORTANT. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	
Arterial occlusion.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Otto M. Reinhardt M. D. Coroner

6/26/37 (Address) 1017 S. Charles St.

JUN 28 1937

M. D. B 1268-9

F 36832

36832 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-W

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2716 St. Paul St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wm Houck McDaniel

(a) Residence: No. 2716 St Paul St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jeannette Eva McDaniel Wife

6. DATE OF BIRTH (month, day, year): Oct. 16, 1878

7. AGE: Years 58 | Months 8 | Days 10 | If LESS than 1 day... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Thomsen-Ellis Co

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

FATHER

13. NAME: Milton McDaniel

14. BIRTHPLACE (city or town) (State or country): Pa.

MOTHER

15. MAIDEN NAME: Virginia Houck.

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Jeannette E. McDaniel

(Address) 2716 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date June 28 1937

19. UNDERTAKER: Wm. H. Tucker Sons

(Address) North & Howard.

20. FILED ... 19 ... Registrar

JUN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) John A Evans Coroner, M. D.

(Address) Coroner

✓ F 36833

HEALTH DEPARTMENT—CITY OF BALTIMORE

36833

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernice Jones

If U. S. Veteran specify WAR

(a) Residence: No. Holmes, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE 12 Years	Months —	Days —	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Basie Jones

14. BIRTHPLACE (city or town) (State or country) Glen Burnie, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Glen Burnie.

17. INFORMANT Helen Jones
(Address) 153 Dove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pierce Branch Date 6/28, 19 37

19. UNDERTAKER Elroy D. Wilson
(Address) 1001 Brantly Ave

JUN 28 1937 19

Registrar.

Washington Nathaniel, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to June 25, 1937

I last saw h[illegible] alive on June 25, 1937 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Bronchopneumonia Bilateral	June 1, 1937
Other contributory causes of importance: —	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Paul Schwabe, M. D.

(Address) University Hospital

36834 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36834

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Women's Hospital 186a Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mamie Sanders If U. S. Veteran specify WAR .....
(a) Residence: No. Alexandria Va St.; Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. Color or Race White
5. Single, Married, Widowed, or Divorced (write the word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Sanders
6. DATE OF BIRTH (month, day, year) June 14, 1847
7. AGE 90 Years | Months 0 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME William Sanders
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ida Snyder (Address) 1830 E. 30th. Balt.
18. BURIAL, CREMATION, OR REMOVAL Place Western Cem. Date 6/28 1937
19. UNDERTAKER Geo Leimbach (Address) 525 Aisquith St.
Filed JUN 29 1937 19 ..... Registrar
14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th 1937
22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above. 10 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 6/14 1937.
Where did injury occur? 15 21 N. 3d St Bal Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Fell down stairs.
Manner of injury Possibly fractured ribs (Rt side)
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. Kane Coroner M. D.
Coroner
(Address) 1215 Hanover

V S 6

36835 E 36835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. Athol Ave, Irvington 28-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William A. Hendricks

If U.S Veteran specify WAR .....

(a) Residence: No. German Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Maryland

FATHER

13. NAME William H. Hendricks

14. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Maryland

MOTHER

15. MAIDEN NAME Emma Anthony

16. BIRTHPLACE (city or town) (State or country) Queen Anne Co. Maryland

17. INFORMANT German Aged Home
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date May 29 37

19. UNDERTAKER Joseph F. Gott
(Address) 1803 W. Fort St.

28 1937 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June, 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10/37. 19 to June 27/37. 19
I last saw h im alive on June 25/37. 19 12.15P. M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Paranchymatous Nephritis.	Unknown.
Other contributory causes of importance:	
Acute Uraemic Poisoning. June 25	1937.

Was an operation performed? No. Date of .....

For what disease or injury? .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry Hall Schmidt

(Address) 933 Hanover st.

36836 ✓ F 36836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-4 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John O. Ick

If U.S. Veteran specify WAR ...

(a) Residence: No. German Aged Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 24, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	9	1 ✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Holstein
(State or country) Germany

FATHER

13. NAME Mr. Heinrich Ick

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret Koch

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT German Aged Home Records
(Address) Athol Ave., Irvington

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 29 1937

19. UNDERTAKER J. B. Cook
(Address) 1005 E. Baltimore St.
Irvington Md.

28 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1/37 ... to June 26/37. ...

I last saw him alive on June 24/37. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis.	Unknown.
Other contributory causes of importance:	
Acute Cardiac Dilitation.	June 23 1937

Was an operation performed? No. Date of ...

For what disease or injury? ...

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Henry Weidenschmidt M. D.

(Address) 933 Hanover St.

M. D. B 1268-9

✓ F 36837

6837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 East Baltimore St. St., 3-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Lewis (Alias Frank P. Conte)

(a) Residence: No. 1515 East Baltimore St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June, 12th 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	0	15 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bridgeport
(State or country) Conn

FATHER

13. NAME Edward Lewis

14. BIRTHPLACE (city or town) Mass.
(State or country)

MOTHER

15. MAIDEN NAME Rose Raffalini

16. BIRTHPLACE (city or town) New York
(State or country)

17. INFORMANT Mrs. Rose Lewis
(Address) 252 Main St. Bridgeport Conn.

18. BURIAL, CREMATION, OR REMOVAL
Place Bridgeport Conn. Date June 28 1937

19. UNDERTAKER Joseph P. Cook
(Address) 1003 N. Gilt St

JUN 28 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Inquest, Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Inquest, Autopsy or Inquiry)
to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Mitral Insufficiency	

Other contributory causes of importance:
Cardiac Failure.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Paul Schreiber M. D.
Coroner.

(Address) 1912 E. North Ave

36838 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36838

CERTIFICATE OF [redacted]

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 1571 (Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Katcef

(a) Residence: No. 77 West St Annapolis St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Benjamin H Katcef

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Fannie B Blum

16. BIRTHPLACE (city or town) (State or country) Tenn

17. INFORMANT Benjamin Katcef

(Address) 77 West St Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Blvd Place Date June 28 37

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED 28 1937 Registrar Huntington Tottenville, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937 to June 26, 1937

I last saw him alive on June 26, 1937 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Umbilical hernia with evisceration of abdominal organs	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? P. C. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ruth Friedstein M. D.

(Address) Sinai Hospital

M. D. P. 1744

36839

V E 36839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. + 121

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 329 Hartford Ave St. 19-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Jessie Mayo

(a) Residence: No. Box 727 R 10 Stanwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Germain Gorsuch Mayo

6. DATE OF BIRTH (month, day, year) Aug 4 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 21 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Geo Mayo

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Minnie Comarden

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Germain S. Mayo
(Address) Battle Grove Rd. Stanwood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Retirement Md. Date June 29 1937

19. UNDERTAKER Robert S Settle
(Address) 2700 Edmondson Ave

29 1937 Huntington Nathan, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/21/ 1937 to June 26/ 1937

I last saw him alive on June 26 1937 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis + post operative ileus.	

Other contributory causes of importance:

Perforating acute appendicitis

Name of operation Appendectomy Date of 6/21/37

What test confirmed diagnosis? Clin. & Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Huntington M. D.

(Address) Franklin Square Hospital

36840 HEALTH DEPARTMENT—CITY OF BALTIMORE 36840

CERTIFICATE OF DEATH 23710--CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 14-3 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Jackson

If U. S. Veteran specify WAR

(a) Residence: No. 1625 Brunt St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie

6. DATE OF BIRTH (month, day, year) 2-15-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Winnie

16. BIRTHPLACE (city or town) (State or country) Virginie

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Date 6/28/37

19. UNDERTAKER Mrs. Hugh K. Holland
(Address) 1631 Druid Hill Ave

20. FILED JUN 23 1937 Clifton Waltemeyer, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1937, to 6-27, 1937

I last saw him alive on 6-27, 1937. Death is said to have occurred on the date stated above, at 6:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Rapley M. D.

(Address) Baltimore City Hospital

F 36841

36841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. 18-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 W. Lombard St. St., Ward)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Julia Cordelia Turfle.

(a) Residence: No. 1127 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Philip H. Turfle.

6. DATE OF BIRTH (month, day, year) October 2, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Shrewsbury, Pa.

FATHER

13. NAME John H. Waltemeyer.

14. BIRTHPLACE (city or town) (State or country) Shrewsbury, Pa.

MOTHER

15. MAIDEN NAME Luvinda.-------

16. BIRTHPLACE (city or town) (State or country) Shrewsbury, Pa.

17. INFORMANT Sadie L. Webb. (daughter)
(Address) 1127 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL.
Place [illegible] Director Date June 28. 19 37

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] 19 [illegible]

JUN 29

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ununited fracture of left hip	October 1, 1936

Other contributory causes of importance:

Broncho pneumonia.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 10.1/36

Where did injury occur? 1127 W. Lombard St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Fall down steps.

Nature of injury Fractured hip.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

6/28/37 (Address) 1017 S. Charles St.

36842 F 36842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH University Hospital — Registered No.

CITY OF BALTIMORE: (No.) St. 25-3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Johnson — If U. S. Veteran specify WAR

(a) Residence: No. 2404 Pulaski St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 15, 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Carrie Thomas

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carrie Johnson
(Address) 2404 Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 28, 37

19. UNDERTAKER McArtie & Williams
(Address) 322 S. Schroeder St.

20. FILED 19 Registrar.

JUN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937 to June 26, 1937

I last saw h. alive on June 26, 1937 Death is said to have occurred on the date stated above, at 4.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nutritional diarrhea	6/19/37
Dehydration	"
Scleremia	6/24/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Bruns M. D.

(Address) University Hospital

36843 E 36843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Ethel Rae Dunn-Mackie

If U. S. Veteran specify WAR

(a) Residence: No. 614 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Dunn-Mackie

6. DATE OF BIRTH (month, day, year) May 27 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elias Colbert

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Carrie Short

16. BIRTHPLACE (city or town) (State or country) Charles Co Md.

17. INFORMANT May Smith

(Address) 714 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 29, 1937

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S. Schroeder St

20. FILED JUN 28 1937 Washington Williams REGISTRAR

17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-18-1937 to 6-25-1937

I last saw h[illegible] alive on 6-25-1937. Death is said to have occurred on the date stated above, at 11:12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant hyperpyrexia	?
Toxemia	6/23/37
pulmonary edema	6/18/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James D Carr M. D.

(Address) 515 Morley St.

36844

HEALTH DEPARTMENT—CITY OF BALTIMORE

36844

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S. Kresson St. 26-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Holly

If U. S. Veteran specify WAR

(a) Residence: No. 18 S. Kresson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 1-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sellmeyer's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma Holly
(Address) 18 S. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 29-37

19. UNDERTAKER John A. McCann
(Address) 3000 E. Balt. St.

20. FILED JUN 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26/1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1936 to June 26 1937

I last saw her alive on June 26 1937. Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	June 25 1937
Other contributory causes of importance: Fundgeneralized Dilatation of Heart	Over 10/20/36

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. J. Magee M. D.
(Address) 604 E. Baltimore St

36845 ✓ F 36845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 Harlem ave Ward 16-1)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Smith

If U.S. Veteran specify WAR

(a) Residence: No. 1212 Harlem ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Thomas Smith

6. DATE OF BIRTH (month, day, year) Aug 27 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME John Dorsey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Wallace

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sarah Smith Thomas

(Address) 1212 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lamel Date 6/29 1937

19. UNDERTAKER Saml. M. Chase & Son

(Address) 638 N. Gilmor

FILED 28 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25 1937

22. I HEREBY CERTIFY, That I attended deceased from Septr 16 1936 to June 25 1937

I last saw h alive on June 25 1937. Death is said to have occurred on the date stated above, at 1130 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Pulmonary Edema	

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Roy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. Harold Carroll M. D.

(Address) 601 E. Lexington St

36846 E 36846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital 210-M

CITY OF BALTIMORE: (No.) St. 4 22 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Brown If U. S. Veteran specify WAR

(a) Residence: No. 25 Dugan Morley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 26-1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butts Md

FATHER 13. NAME Charles Edward Brown

14. BIRTHPLACE (city or town) (State or country) Relay Md

MOTHER 15. MAIDEN NAME Mary Galloway

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Brown Morley St.
(Address) 25 27

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Cem Date June 30 1937

19. UNDERTAKER Joseph A Sivley
(Address) 1098 Mount St

28 1937 Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26/37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/26 1937

Where did injury occur? Hugh St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Fell off running board of Auto. Truck

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Bayley M.D.
Coroner

(Address) 907 N Charles

F 26847

26847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hospital St., 42 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Basil Nicholson

(a) Residence: No. Glendunnie, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Oscar Hammond. (Address) 803 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL Place Funck Brands Date June 29 1937

19. UNDERTAKER Elroy C. Wilson (Address) 1005 Druid Hill ave

20. FILED JUN 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1937 to June 26, 1937

I last saw him alive on June 26, 1937 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy C.V.D.C. — Date of onset 1930

Cardiac Hypertrophy — Prostatic Hypertrophy — Prostatic Hypertrophy - Benign 1936

Other contributory causes of importance: Bronchopneumonia - Terminal

Was an operation performed? Yes. Date of

For what disease or injury? Prostatic Hypertrophy

Name of operation Supra-pubic Cystotomy

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schofield, M. D.

(Address) Univ. Hospital

36848 F 36848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 19-4

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 S Payson St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thomas O'Hara

(a) Residence: No. 427 S Payson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen M Grauer

6. DATE OF BIRTH (month, day, year) Oct 4 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 64	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Elec Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Upper Syracuse

FATHER

13. NAME John O'Hara

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Carig

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Helen O'Hara

(Address) 727 S Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Syracuse Cem Date 6/29/37

19. UNDERTAKER Harley L Stevens

(Address) 1501 E Fort Ave

28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 37

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937 to June 28, 1937

I last saw him alive on June 28, 1937 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Gastric Hemorrhage	
Other contributory causes of importance: Chronic Alcoholism	

Was operation performed? Date of

For what disease or injury?

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kergand M. D.

(Address) 1934 W Lanvale

36849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C F 36849

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 152 McPhail St., 30-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen G. Wiedeman

If U. S. Veteran specify WAR .....

(a) Residence: No. 152 McPhail St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Philip Wiedeman

6. DATE OF BIRTH (month, day, year) Sept. 10, 1873.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Ky.

FATHER

13. NAME John Berger

14. BIRTHPLACE (city or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Joseph H. Wiedeman

(Address) 152 McPhail St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 29, 19 37

19. UNDERTAKER Harry H. Tuttle

(Address) 101 Edmondson Ave.

28 1937 Washington Williams, MD

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937 to June 26, 1937

I last saw h[illegible] alive on June 25, 1937. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1937
Arterio Sclerosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical signs Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify No

(Signed) Chas A Carlin, M. D.

(Address) 2145 N Balto

F 36850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36850

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mal Penitentiary St. [illegible] Ward)

Registered No. 127

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR

2. FULL NAME Jennie McDade

(a) Residence: No. 4108 Lancaster St., Rd Dorchester Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernard McDade

6. DATE OF BIRTH (month, day, year) June 22, 1882.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James McCabe

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Margaret ----------

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Bernard McDade

(Address) 4108 Dorchester Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 29, 19 37

19. UNDERTAKER Harry H. Lutkie

(Address) 2101 Edmondson Ave.

28 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 19 37.

22. I HEREBY CERTIFY, That I attended deceased from 6-17-37 19 to 6-26-37 19

I last saw her alive on 6-26-37. Death is said to have occurred on the date stated above, at 2:58 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	

Other contributory causes of importance:

Myocardial Failure

Was an operation performed? yes Date of 6-21

For what disease or injury Cholecystitis

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Huntington Williams, M.D.

(Address) Md Pen Hosp

36851

HEALTH DEPARTMENT—CITY OF BALTIMORE

36851

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 N. Wolfe St., 5-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bettie Landbeck

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2102 N. Wolfe St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married,~~ Widowed. ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married,~~ widowed, ~~or divorced~~ ~~HUSBAND~~ (or) WIFE of Ernest J. Landbeck

6. DATE OF BIRTH (month, day, year) July 21st 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME John Fajen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Florence Marchant

(Address) 2102 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 30th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ~~Huntington Williams~~ 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, to June 28, 1937

I last saw her alive on June 27, 1937. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7
Hypertrophy Chronic Interstitial Nephritis and Arterio Sclerosis	5 yrs
Other contributory causes of importance: Cholecystitis and Appendicitis	6-25-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Cook M. D.

(Address) 1217 St Paul St

29 1937

36852 E 36852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital 123
CITY OF BALTIMORE: (No. 3300 St. ... Ward)
Registered No. ...
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. — mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR ...

2. FULL NAME Howard Anne Johnson
(a) Residence: No. 1704 Kanawha St. St., Charleston Ward. West Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Sanford Johnson

6. DATE OF BIRTH (month, day, year) Jan 4 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Va.

FATHER
13. NAME Charles C. Lewis
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Josephine E Wilson
16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Charles L Johnson
(Address) Charleston W. Va

18. BURIAL, CREMATION, OR REMOVAL
Place Charleston W. Va Date June 29 37

19. UNDERTAKER Henry T Jenkins & Sons
(Address) 1st Capitol & Quarrier Sts Charleston W. Va

20. FILED JUN 29 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1937

22. I HEREBY CERTIFY, That I attended deceased from June 10 1937 to June 28 1937
I last saw h. alive on June 28 1937 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	6-20-37
Other contributory causes of importance: Diverticulosis	?

Was an operation performed? yes Date of June 17 1937
For what disease or injury? Diverticulosis
Name of operation Diverticulectomy
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Peter H. Bice M. D.
(Address) Union Memorial Hospital.

M. D. B 1268-9

F 36853

36853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St.) 244-3

Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion Daniels.

If U. S. Veteran specify WAR ...

(a) Residence: No. Furnace Branch, A.A.Co. Md St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) November 19, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

FATHER

13. NAME Harry L. Daniels.

14. BIRTHPLACE (city or town) (State or country) Annapolis, Md.

MOTHER

15. MAIDEN NAME Lillian A. Evans.

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Harry L. Daniels. (father)
(Address) Furnace Branch, A.A.Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis (Md) Date June 29 1937

19. UNDERTAKER K. L. Hopkins
(Address) Annapolis Md.

JUN 29 1937 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extensive burns of abdomen, thighs and legs.	4/24/37
Burning trash.	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/24/37 19

Where did injury occur? Furnace Branch, A.A.Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Burning trash.

Nature of injury Burns.

24. Was disease or injury in any way related to occupation of deceased? ...

If a minor ...

(Signed) Otto E. Reinhardt Coroner M. D.

6/25/37 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

36854 E 36854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 Boone St. 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran specify WAR .....

2. FULL NAME George Madison

(a) Residence: No. 2622 Boone St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Sophia Madison

6. DATE OF BIRTH (month, day, year) Aug. 24 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45 yrs		10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

FATHER

13. NAME Elliott Madison

14. BIRTHPLACE (city or town) (State or country) Gloucester Co Va.

MOTHER

15. MAIDEN NAME Margaret Clark

16. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va.

17. INFORMANT Sophia Madison
(Address) 2622 Boone St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 6/30 1937

19. UNDERTAKER Cayres Sanders
(Address) 1413 E. Preston St

20. FILED Huntington Williams, MD
JUL 1 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1937 to June 26 1937

I last saw him alive on June 26 1937 Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 22 1937
Other contributory causes of importance: Hypertension	Feb 1937

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jno. S. Julian Jr. M. D.

(Address) 434 E 23 St.

M. D. B. 1268-9

36855 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36855

CERTIFICATE OF DEATH

✓ 95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 W Lexington St. 19-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Johnson Franklin

(a) Residence: No. 1531. W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

6a. If married, widowed, or divorced (or) WIFE of: Charles Franklin

6. DATE OF BIRTH (month, day, year) May 25, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louis Johnson

(Address) 1704 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place Northumberland Co Va Date June 29th 1937

19. UNDERTAKER Elmer C Wilson

(Address) Fort Branch Va

N 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27-37 19

22. I HEREBY CERTIFY, That I attended deceased from 6-24-37 19 to 6-27-37 19

I last saw her alive on 6-26-37 19 Death is said to have occurred on the date stated above, at 1.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	not known
cerebral Hemorrhage	6-24-37

Other contributory causes of importance:

Name of operation Post-Mortem Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Fair M. D.

(Address) 865 W Lexington

HEALTH DEPARTMENT—CITY OF BALTIMORE

36856 CERTIFICATE OF DEATH √ 108F 36856

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St Josephs Hospital Dr. (Ward) .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margie Fitzpatrick If U. S. Veteran specify WAR .....

(a) Residence: No. 930 N. Central Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Frank F Fitzpatrick

6. DATE OF BIRTH (month, day, year) June 10 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	—	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Michael Thone

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Frank F. Fitzpatrick
(Address) 930 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date, July 1 1937

19. UNDERTAKER Henry Hock Sons, Inc
(Address) 301 E. Eager St

20. FILED ..... By .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1937 to June 28, 1937
Last saw him alive on June 28, 1937 Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-22-37

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank H. Stephenson M. D.

(Address) 1 E. Lexington St.

F 36857

36857 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

49-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 S. Highland Ave 26 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Anna Otterweich

(a) Residence: No. 213 S. Highland Ave St., 26 Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Otterweich

6. DATE OF BIRTH (month, day, year) Aug. 27 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Long.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Single

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frank Otterweich

(Address) 213 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 30 1937

19. UNDERTAKER Lilly - Zilske Inc.

(Address) 423 N. Howard St.

Filed JUN 30 1937 E. Lee Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 27 1937

I last saw he alive on June 27 1937 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Carcinoma Left ovary	6/1/35
Carcinoma descending colon	4/15/37
Other contributory causes of importance: Intestinal Obstruction	5/6/37

Was an operation performed? yes (2) Date of 6/7/35, 5/14/37

For what disease or injury? Carcinoma L. ovary + colon

Name of operation Ovariotomy, colostomy, Left Hemicolectomy Date of 6/7/35 5/14/37

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas W. Edmunds M. D.

(Address) 2746 Alameda Blvd.

24070 KB

36858 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36858

CERTIFICATE OF DEATH

✓ 129

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. / — / (Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Hammelman

If U. S. Veteran specify WAR

(a) Residence: No. 703 S. Decker Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 10-30-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Behr

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date June 30th, 1937

19. UNDERTAKER Tilly & Quirk Inc

(Address) 733 So. Carrollton

20. FILED , 19 Registrar.

JUN 30 1937 Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 2, 1937 to 6 - 26, 1937

I last saw h/m alive on 6 - 26, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of lesser peritoneal cavity + cause unknown	1 mo?

Other contributory causes of importance:

Was an operation performed? Yes Date of 6-26-37

For what disease or injury Abscess lesser peritoneal cavity

Name of operation Exploratory laparotomy with drainage of abscess

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. L. Brantegan M. D.

(Address) Baltimore City Hosp

F 36859

36859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24597 V-CM 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts., St., 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Wright

(a) Residence: No. 503 W. Biddle St., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 12-25-1887

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	3 6	24 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Chas, M. Sturgis

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 29 37

19. UNDERTAKER James A. Young
(Address) 1412 Pennsylvania Ave

Filed JUN 30 1937 Effington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1937 to 6-28, 1937

I last saw h. LM alive on 6-28, 1937 Death is said to have occurred on the date stated above, at 3:5-5 A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Pulmonary Heart Disease	At last 4 mos
Other contributory causes of importance:	

Was an operation performed? NO Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hospitals

36860

HEALTH DEPARTMENT—CITY OF BALTIMORE

36860

CERTIFICATE OF DEATH

Registered No. 15-6

1. PLACE OF DEATH Union Memorial Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Hazel Darling Horan If U. S. Veteran specify WAR .....

(a) Residence: No. 3008 N Charles Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas V Horan

6. DATE OF BIRTH (month, day, year) May 26 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Augustus Johnson

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Eliza Elsey.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs E Johnson (Address) 3008 N Charles Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 29. 1937

19. UNDERTAKER Ambrose, Inc (Address) 1017 W. Lewis St.

20. FILED ..... 19 ..... Huntington Indiana, U.S.

JUN 29 1937

VSC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
find that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

Heart.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	6-20-37
Intertrochanteric fracture	May 29 37

Other contributory causes of importance: Right hip

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State) 3008 N Charles Ave

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell

Nature of injury fracture of hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John N Evans M. D. Coroner

(Address) Coroner

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32978 B — F 383831 — ✓ 131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Washington

If U. S. Veteran specify WAR .....

(a) Residence: No. 941 Forest St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture mover

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Fred Washington

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) ~~JOHNS HOPKINS HOSPITAL~~

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 1 1937

19. UNDERTAKER Robert Mickelson

(Address) 18-15 McElderry St

20. FILED ..... 19 ..... Registrar

JUN 29 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17 1937 to June 26 1937

I last saw him alive on June 26 1937. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular	? 1935
Disease	
Uremia	
Arteriolosclerotic nephritis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Frederick C. Wilson Jr. M. D.

(Address) Johns Hopkins Hospital.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36862 F 36862

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. General Hospital 17

CITY OF BALTIMORE: (No. Dukeland & Lagan Ave 13-54 Ward) 4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Yetta Rothschild

If U.S. Veteran specify WAR .....

(a) Residence: No. 2427 Reisterstown Rd. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Leon Rothschild

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Benjamin Aberson

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Leon Rothschild

(Address) 433 S. Paulsbury

18. BURIAL, CREMATION, OR REMOVAL Mash Rd Date 6/29/37

19. UNDERTAKER Eck and Metz

(Address) 1427 E. Balto

N 29 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/37. 19

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937 to June 28, 1937

I last saw her alive on June 28, 1937 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	6/28/37
Other contributory causes of importance: Chronic Cholecystitis	

Was an operation performed? yes Date of 6/21/37

For what disease or injury? Chronic Cholecystitis

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph Mechanic, M. D.

(Address) 1803 W. North Ave

36863 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59 F 36863

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Eutaw Place (Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 57 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Hirschman

(a) Residence No. 1708 Eutaw Place Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Adolph B.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ephraim Potts

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Shiba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship 6-29-37 19

Place .....

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Baltimore St.

JUN 29 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/37 19

22. I HEREBY CERTIFY, That I attended deceased from August ..... 19 36 to June 27 ..... 19 37

I last saw h[illegible] alive on June 27 ..... 19 37 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 6/25/37

Other contributory causes of importance:

Diabetes Mellitus

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Physical Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Preston Theory M. D.

(Address) 1 Medical Arts Bldg.

F 36864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36864

Registered No. 181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Wilhelmina Thornton

(a) Residence: No. 929 Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Thornton

14. BIRTHPLACE (city or town) (State or country) Oxford NC

MOTHER

15. MAIDEN NAME Kate Royster

16. BIRTHPLACE (city or town) (State or country) Oxford NC

17. INFORMANT Kate Thornton

(Address) 929 Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date June ... 1937

19. UNDERTAKER Robert F Williams

(Address) 15 15th & Eden at

JUN 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1-2nd-3rd degree burn of arms-neck-body and legs	May 25 1937

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Histology Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 25, 1937

Where did injury occur? In yard of 929 Madison St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury was playing in yard & ignited trash with a match.

Nature of injury burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen, M. D.

(Address) 507 Marquette St

V S 6

36865

HEALTH DEPARTMENT—CITY OF BALTIMORE

24603--F

F 36865

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 2-1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Watson

(a) Residence: No. 534 W. West St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew Watson

6. DATE OF BIRTH (month, day, year) 3-11-1879 1836

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 ~~58~~	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Wright

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Hawkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date July 2/37

19. UNDERTAKER James A. Hayes (Address) 142 West St

20. FILED ..... 19 ..... Registrar .....

JUN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26-1937 to 6-27-1937

I last saw her alive on 6-27-1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Dis.	June
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) John F. Ramey M. D.

(Address) Baltimore City Hospital

✓ F 36866

36866 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-e

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4119 White Avenue Ward) 27-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Frances Lane

If U.S. Veteran specify WAR .....

(a) Residence: No. 4119 White Avenue Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R Lane

6. DATE OF BIRTH (month, day, year) Oct 12 - 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Nov 28/36

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Alfred Baker

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jannie Grey

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs Della Meyers

(Address) 511 Sanford Place, City

18. BURIAL, CREMATION, OR REMOVAL. Place Pat Hill Mem Date 6/29/37

19. UNDERTAKER Mr. Jorge H. Kollas

(Address) 703 E Lord Baltimore

20. FILED JUN 23 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936 to June 26, 1937

I last saw h[illegible] alive on June 25, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset a number of years

Other contributory causes of importance: Cardiac Decompensation — June 22 1937

Was an operation performed? No Date of ✓

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Green, M. D.

(Address) 5543 Harford Rd City

36867 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36867

CERTIFICATE OF DEATH 24525 JS 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 3-1 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. 32 mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Amelia DePadova

(a) Residence: No. 1430 Gough St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles DePadova

6. DATE OF BIRTH (month, day, year) CERT. No. 1881.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HWf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT B. V. H. records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date 6/30/37

19. UNDERTAKER Wendel Bros
(Address) 410 Gough St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-21 1937 to 6-27 1937

I last saw h[illegible] alive on 6-27 1937 Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 hrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt F. Ramey M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36868

CERTIFICATE OF DEATH

F 36868

Registered No. 17-37 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found floating in the water at Foot of Light St. St., Ward)

Length of residence in city or town where death occurred 12 yrs. --mos.--da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Kernell Ware.(c)

(a) Residence: No. 624 Greenwillow St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Rufus Ware.(c)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Cora Mahon.(c)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Cora Brown.(c)mother.
(Address) 624 Greenwillow St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date June 29 1937

19. UNDERTAKER Elroy A Wilson
(Address) 1000 Broadway ave

JUN 29 1937 Huntington Williams MD
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing June 24, 1937 Found June 26/37 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning while in swimming.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? 6/24/37 19

Where did injury occur? Foot of Light St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury In swimming.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Albert Leonard M. D.
Coroner

6/29/37 (Address) 1017 S. Charles St

OCCUPATION is very important. See instructions on back of Certificate.

V 56

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86869

86869

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 25-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Sheehy

If U. S. Veteran specify War No Record

(a) Residence: No. 2803 Maisel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna H Sheehan

6. DATE OF BIRTH (month, day, year) Feb 24 - 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Stm Plumbing Shop

10. Date deceased last worked at this occupation (month, day, year) March 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Sheehan

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Jennie Conrad

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Edna H Sheehan

(Address) 2803 Maisel Street

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 1st 37

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 19 Registrar

JUL 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 28 37. 19

22. I HEREBY CERTIFY, That I attended deceased from 6 27 37, 19 to 6 28 37, 19

I last saw h alive on 6-28 37, 19 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, secondary to chr. nephritis	5-28

Other contributory causes of importance:

Pulmonary TBC	Chron

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alfred S Edwards, M. D.

(Address) Sinai Hospital

Chas. Paul Schneider, M.D.

E 36870

36870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Rutteland St. 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Vincent H. Sands

(a) Residence: No. 1709 Rutteland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 24, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John E. Sands

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Spitzer

16. BIRTHPLACE (city or town) (State or country) Rutland Md.

17. INFORMANT Mr. John E. Sands

(Address) 1709 Rutteland St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem. Date 6/30/1937

19. UNDERTAKER John F. Conradi & Son

(Address) 901 Pollitus St.

JUN 29 1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937, to June 29, 1937

I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at 7:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	June 25
Other contributory causes of importance:	
Adenitis of Neck	June 28

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Nuelsen M. D.

(Address) 2757 W. North Ave.

F 36871

F 36871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144B-149a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-2 Ward)

Length of residence in city or town where death occurred ..yrs..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Higgins

(a) Residence: No. 13 1st Ave. Brooklyn Park St., ... Ward. Anne Arundel Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Higgins

6. DATE OF BIRTH (month, day, year) Oct 14. 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	40	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Steinkrouse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agusta Weistner

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Anna Higgins (Address) 13 First ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Cem. Date June 30 1937

19. UNDERTAKER Margaret F. Flynn (Address) 2167 N. Fulton Ave

20. FILED ....., 19..... Registrar.

JUN 29 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June. 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from June. 28 1937 to June 28 1937

I last saw her alive on June. 28 1937. Death is said to have occurred on the date stated above, at 2.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	6/28/37
Other contributory causes of importance:	
Surgical Shock	6/28/37
Post partum hemorrhage	

Was an operation performed? Yes Date of 6/28/37 AM

For what disease or injury? Pregnancy Cesarean Section

Name of operation Cesarean Section (Classical)

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris J. Nicholson, M. D.

(Address) University Hosp

36872 F 36872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South-western Police Station. Ward) 19-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Alma M. Getson.

(a) Residence: No. 118 S. Addison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: (or) WIFE of Joseph Getson.

6. DATE OF BIRTH (month, day, year) September 29, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westernport, Md.

FATHER

13. NAME Henry Wernick.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Olivia. --------

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Joseph Getson. (husband)

(Address) 1735 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date June 29, 1937

19. UNDERTAKER Fred J. Kraetz & Son

(Address) 216 S. Charles St.

JUN 29 1937 19 Registrar

OCCUPATION is very important. See instructions on back of certificate.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation.	
With silk stocking in a cell.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide. Date of injury 6/28/37 19

Where did injury occur? South-western Station.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Stocking tied around neck.

Nature of injury Strangulation.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

6/29/37 (Address) 1017 S. Charles St. Coroner

36873
328910

F 36873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 119

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Bullum

If U. S. Veteran specify WAR .....

(a) Residence: No. White Marsh- md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7th 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Benjamin Bullum

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME May Thenfield

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Record.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Camp Chapel Cemetery July 1st 1937

19. UNDERTAKER Frederick Edelmann Sons
(Address) 7401 Belair Road

20. FILED JUL 3 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7 1937 to June 29 1937

I last saw her alive on June 29 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Acute Nutritional Disturbance	2 days

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wm. C. Stiles Jr. M. D.

(Address) Johns Hopkins Hospital

36874 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 36874

CERTIFICATE OF DEATH 24169 CM 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City nospts. St. 9-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence K. Yales

If U. S. Veteran specify WAR .....

(a) Residence: No. 2808 Alameda Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-19-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George (D)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Augusta Wilkenson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City nospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date July 1, 1937

19. UNDERTAKER E. Lepow's Sons, Inc.
(Address) 125 E. Fayette Ave.

20. FILED N 30 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1937 to 6-28, 1937

I last saw her alive on 6-28, 1937. Death is said to have occurred on the date stated above, at 1.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Dis.	Mths
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John L. Rainey M. D.

(Address) Baltimore City Hospital

F 36875

36875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St. 5-1 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME Murphy Smith

(a) Residence: No. 532½ Central St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Smith

6. DATE OF BIRTH (month, day, year) May 17-1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hyattsville Md

FATHER

13. NAME Wm David Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Smith

16. BIRTHPLACE (city or town) (State or country) Durham N.C.

17. INFORMANT Mrs Julia Smith

(Address) 532½ Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 6-30-1937

19. UNDERTAKER Byrd & Magness & Wright

(Address) 2218 E Monument St

20. FILED ... Registrar Huntington Williams, MD

6-30-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained, by said autopsy (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of Heart	June 27 1937

Other contributory causes of importance:

Was an operation performed? none Date of ....

For what disease or injury? none

Name of operation .... Date of ....

What test confirmed diagnosis? Hirsh Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Homicide Date of injury June 27 1937

Where did injury occur? Abell and Lee & St Paul Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Was stabbed with a

Nature of injury Razor Blade (6") Knife

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) George S. Allen M. D.

(Address) 50 E Lexington St

OCCUPATION is very important. See instructions on back of certificate.

V58

36876

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36876

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 847 Hamilton Terrace) Ward 3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grosse E. Grossi

If U. S. Veteran specify WAR No Record

(a) Residence: No. 847 Hamilton Terrace St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Paul J.

6. DATE OF BIRTH (month, day, year) July 19 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME J Donato

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Navy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Paul J Grossi

(Address) 847 Hamilton Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date July 1st 37

19. UNDERTAKER William Cook

(Address) 1317 St Paul St.

20. FILED Huntington Wednesday

N 39 1937

MEDICAL CERTIFICATE OF DEATH 2.27 am

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to June 28, 1937

I last saw her alive on June 24, 1937. Death is said to have occurred on the date stated above, at 2.26 a.m. June 28, 1937

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pneumonia	
Enlargement of cervical glands	
in March 1937	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation None Clinical

What test confirmed diagnosis Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury No, 19

Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A Corbin Reed M.D.

(Address) 712 Park Ave Baltimore Md

36877

HEALTH DEPARTMENT—CITY OF BALTIMORE

36877

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 N. Linwood Ave 6-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Riley

If U. S. Veteran specify WAR No Record

(a) Residence: No. 117 N. Linwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Joseph Riley

6. DATE OF BIRTH (month, day, year) June 16th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Davis

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Catherine W. Herpel

(Address) 117 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 1st 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JUN 28 1937 Registrar Washington Millender, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to June 28 1937

I last saw him alive on June 26 1937 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Feb 11
Myocarditis (Chron)	
Other contributory causes of importance:	
Acute Cardiac Dilatation	6/26

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred Cummings M. D.

(Address) 800 N Dolphin Park

36878 #23212 LB F 36878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie Barlow or Hammond

(a) Residence: No. 645 Vine St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac (Dead)

6. DATE OF BIRTH (month, day, year) 9-?-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	9 -	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Sadler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Charlotte Ringold

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 30 1937

19. UNDERTAKER Chas. H. Cooper

(Address) 514 N. Calhoun St.

20. FILED JUN 30 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1937 to 6/26 1937

I last saw h[illegible] alive on 6/26 1937 Death is said to have occurred on the date stated above, at 8 [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	6 Mos
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thos. F. Kinsey M. D.

(Address) Baltimore City Hosp

M. D. B 1268-9

F 36879 F 36879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edmond VanGorder

If U. S. Veteran specify WAR .....

(a) Residence: No. 1424 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie VanGorder

6. DATE OF BIRTH (month, day, year) Feb. 28, 1863

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
74	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical Engineer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Indianna

FATHER

13. NAME ----- VanGorder

14. BIRTHPLACE (city or town) (State or country) Indianna

MOTHER

15. MAIDEN NAME Elizabeth Schilling

16. BIRTHPLACE (city or town) (State or country) Indianna

17. INFORMANT Sophie VanGorder

(Address) 1424 Hollins

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date July 1, 1937

19. UNDERTAKER F. H. Wirth

(Address) 2101 Edmondson Ave

20. FILED ..... 19 ..... Registrar

JUN 30 1937 Lexington Mortuary, Inc

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) F. R. Gruber, M. D.

Coroner

(Address) 227 N. Howard

F 36880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

213-D

1. PLACE OF DEATH Pronounced dead at City Morgue
CITY OF BALTIMORE: (No. Chesapeake Bay Off St., Rivira Beach Ward) 27-15

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George G. Norwood
If U. S. Veteran specify WAR .....

(a) Residence: No. 2229 Crest Rd. Mt. Wash. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Wiley

6. DATE OF BIRTH (month, day, year) Dec. 30, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Finance Corp

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John E. Norwood

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Clementine Gartrell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Gladys W. Norwood
(Address) 2229 Crest Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemy. 6/30/37 19

19. UNDERTAKER Chas. O. Mitchell & Sons
(Address) 1900 Eutaw Place

[illegible] 19 ... [signature]

JUN 30 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/37, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/27/1937
Where did injury occur? Chesapeake Bay — Rivera Beach Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place —
Manner of injury Fell off boat
Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) Paul Schenke, Coroner, M. D.
(Address) 1919 E. North Ave.

36881 E 36881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 Bolton St. St. 14-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME William H. Whitehurst

(a) Residence: No. 1732 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Redsecker

6. DATE OF BIRTH (month, day, year) March 9, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Jesse H. Whitehurst

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ann L. McIlvain

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Dr. M. Morris Whitehurst 218 Chancery Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem'y. 6/30/37

19. UNDERTAKER (Address) Chas. O. Mitchell Sr. 1900 Eutaw Place

20. FILED 19 Registrar.

JUN 30 1937 Huntington Station, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 9 . 1937 . to June 28 . 1937

I last saw him alive on June 28 . 19 37 Death is said to have occurred on the date stated above, at 8.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: acute Dilatation of heart.	6/26/37

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Weinstein M. D.

(Address) ~~3 E. Lanvale St.~~ 1900 Mt Royal ave.

36882

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36882

CERTIFICATE OF DEATH 24544-CM

60-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 13-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 days yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Ruby

If U. S. Veteran specify WAR

(a) Residence: No. 3576 Poole St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-23-37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Earl Jones

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Brillion T. Lamb

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St Marys Hampden Date June 30 1937

19. UNDERTAKER O'Donovan & Son
(Address) 3615 Eastern Ave

20. FILED 19 Registrar.

JUN 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29/37 19

22. I HEREBY CERTIFY, That I attended deceased from 6/23/37 19 to 6/29/37 19

I last saw h[illegible] alive on 6/29/37 19 Death is said to have occurred on the date stated above, at 1.05a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
due To Birth Injury	6/23
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury?

Name of operation —

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) A Salazzuda M. D.

(Address) Balto City Hosp

36883

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36883

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Hanover St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Janssens

If U. S. Veteran specify WAR .....

(a) Residence: No. 1327 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/25/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3-4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto-Md

FATHER

13. NAME Chas Janssens

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Clara Tyarly

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Tyarly

(Address) 1327 Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 6/30/37 19

19. UNDERTAKER J. J. Rodney Stone

(Address) 1318 Light

20. [illegible] 19 ..... Registrar.

JUN 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/25/37 19 ..... to 6/29 19 37

I last saw h[illegible] alive on 6/29 19 37 Death is said to have occurred on the date stated above, at 12A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cirrhosis	4 days
Acute Cirrhosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. M. Melville M. D.

(Address) 1279 Fillmore W

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF THIS CERTIFICATE.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

37-134 F 36884 F 36884

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 27-19 117-a

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Henry Reckord

If U. S. Veteran specify WAR

(a) Residence: No. 2504 Whitney ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline S. Gelbe

6. DATE OF BIRTH (month, day, year) July 15 1878 underscore

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Reckord

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lydia Zimmerman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Harford Co. Md
Place Mountain Church Date June 30 1937

19. UNDERTAKER Deaver & Foster
(Address) Bel Air Md

20. FILED ... Registrar.

JUN 30 1937

OCCUPATION IS VERY important. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27 1937 to June 28 1937

I last saw him alive on June 28 1937 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	6/26/37
Other contributory causes of importance:	
Fecal Peritonitis	6/27/37

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Rankin C. Blount M. D.

(Address) Johns Hopkins Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36885 CERTIFICATE OF DEATH F 36885

82-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3501 Gibbons Ave St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm A. Thorn

If U. S. Veteran specify WAR

(a) Residence: No. 217 Edgate Ave St., Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cassie A. Thorn

6. DATE OF BIRTH (month, day, year) Apr 21 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto Copper Works

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 36

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Thorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Cassie A. Thorn

(Address) 217 Edgate Ave (Dundalk Md)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 1 1937

19. UNDERTAKER Philip Sterling Sons

(Address) 2016 Orleans St

20. FILED 1937 Registrar. Williams, MD

N 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21-37, 19, to June 28-37, 19

I last saw h alive on June 26-37. Death is said to have occurred on the date stated above, at 11:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	1wk
Other contributory causes of importance: Arteriosclerosis	3 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. H. Hermann, M. D.

(Address) 1936 Belvoir

F 36886 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93-C F 36886

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 E. Madison Street) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Lackner If U. S. Veteran specify WAR

(a) Residence: No. 2620 E. Madisen St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Charley Lakner

6. DATE OF BIRTH (month, day, year) Feb. 28-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fritzenwanker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henriette Brauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ruth Lackner (Address) 2620 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date June 30 37

19. UNDERTAKER Philip Herwig Sons (Address) 2016 Orleans St

JUN 30 1937 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April, 1936, to June 27, 1937

I last saw h alive on June 27, 1937 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. General Arterio Sclerosis	3 yrs
Other contributory causes of importance	
Senile Dilatation of Heart	1 yr

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. G. Starr M. D.

(Address) 716 Eutaw St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

36887 F 36887 ✓ 92-a

Registered No. 30-1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Edmondson Ave St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 4 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma White Carruthers

If U. S. Veteran specify WAR

(a) Residence: No. 1821 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Charles A. Carruthers

6. DATE OF BIRTH (month, day, year) Feb 16-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	13	

OCCUPATION

8. Trade, professinn, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Somerset Reeder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E. Hourck

16. BIRTHPLACE (city or town) (State or country) Baden Baden Germany

17. INFORMANT Mrs. Eleanor Hall (Address) 1821 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Mount Calvary Date July 2 1937

19. UNDERTAKER Wm. H. Mackenstrom (Address) 1710

JUN 30 1937 19 Registrar.

Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 5 1937 to June 29 1937

I last saw her alive on June 29 1937 Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?
Chronic myocarditis and myocardial degeneration	?
Other contributory causes of importance: Bronchopneumonia	6/28/37
Edema of Lungs	6/29/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. M. Blumberg M. D.

(Address) 2000 Harlem Ave.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

36888 CERTIFICATE OF DEATH F 36888

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Richmond Avenue St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura Virginia Keener

(a) Residence: No. 3304 Richmond Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Dashiells Keener

6. DATE OF BIRTH (month, day, year) January 31st 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William H. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Jane Espey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Frank Hunt
(Address) 3304 Richmond Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date July 1st 19 37

19. UNDERTAKER Wm. J. Dietzen & Sons
(Address) North Ave.

JUN 30 1937 Lexington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th, 19 37

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1937 to June 28, 1937

I last saw her alive on June 28, 1937 Death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	1935
Other contributory causes of importance: diabetes	1927
diabetic Gangrene	

Was an operation performed? yes Date 6 1928

For what disease injury? R. Lower ½ of Limb from above Gangrene

Name of operation Amputation R. Leg

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo. Pruneau M. D.

(Address) 2457 Maryland Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

36889

36889

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Prestman St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Kate Beehler (nee Leffert)

If U. S. Veteran specify WAR

(a) Residence: No. 2816 Prestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced (or) WIFE of John George Beehler

6. DATE OF BIRTH (month, day, year) March 8-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Jacob Leffert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Clara A. Bowden

(Address) 2816 Prestman St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 7/1/31 19

19. UNDERTAKER H. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED 19 Lexington Williams

#33 1937

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25th, 31 to June 29th 37, 19...

I last saw her alive on June 28th 37, 19... Death is said to have occurred on the date stated above, at 2.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular- Renal disease	1931
Other contributory causes of importance:	

Was an operation performed? No Date of --

For what disease or injury? --

Name of operation

What test confirmed diagnosis? Physical diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. B. Turner M.D.

(Address) 1901 Eutaw Place

36890 E-36890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1642 Chilton Street St. 9-6 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JOSEPHINE MERTENS BOSSE

(a) Residence: No. 1642 Chilton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry A. Bosse

6. DATE OF BIRTH (month, day, year) Oct, 2, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Mertens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Ortman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. Harry Lessner

(Address) 1642 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery July 1 1937

19. UNDERTAKER Chas F. Grace & Son

(Address) 1131 W. Baltimore St.

20. FILED June 30 1937 E. Lee Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 11th 1937 to June 28th 1937

I last saw h.. alive on June 28th 1937 Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6-36
Other contributory causes of importance Arteriosclerosis	1-37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William P. Smith M. D.

(Address) 1701 N. Eutaw Street

OCCUPATION IS VERY important. See instructions on back of certificate.

V8 3

36891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36891

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Avenue St., 27-14 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME KATHERINE M. McCAFFRAY

If U. S. Veteran specify WAR

(a) Residence: No. 4301 Roland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
(or) WIDOW of James McCaffray

6. DATE OF BIRTH (month, day, year) Feb. 8, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Fullenkamp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Whidekamp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Cornelia Thomas

(Address) 410 Southway, Guilford

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery July 1 1937

19. UNDERTAKER Chas. H. Grace & Son

(Address) 118 W. Mt. Royal Ave

20. FILED [illegible] Registrar.

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to June 28, 1937

I last saw her alive on June 28, 1937. Death is said to have occurred on the date stated above, at 8.48 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation.	

Other contributory causes of importance:

Myocarditis Chronic. Chronic Glomerular Nephritis. Pyelitis acute. Senility.

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James Graham Manton M. D.

(Address) 516 Cathedral Street

36892 E 36892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Brown (21354)

If U. S. Veteran specify WAR

(a) Residence: No. 1437 Argyle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

6. DATE OF BIRTH (month, day, year) Nov. 8, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Nicholas Brown

14. BIRTHPLACE (city or town) (State or country) ??

MOTHER

15. MAIDEN NAME Maggie Martin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date JUN 30 1937

UNIVERSITY MEDICAL SCHOOL
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED JUN 30 1937 Registrar.

3321

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1937 to June 26, 1937

I last saw him alive on June 26, 1937 Death is said to have occurred on the date stated above, at 4:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Tuberculosis of Lungs	8 yr. 1936

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Leah H Feldman M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

368893 E 368893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 36-12 23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Harlow (24250)

If U. S. Veteran specify WAR

(a) Residence: No. Homeless St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 30 1937, 19

19. UNDERTAKER Commissioner of Health

(Address) Per R. A. Moore

20. FILED Hampton Williams M.D.

JUN 30 1937 3:20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937 to June 27 1937

I last saw him alive on June 27, 1937. Death is said to have occurred on the date stated above, at 1:00 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset March 1937

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H Feldman, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

36894 F 36894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Jo... St., 13-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR ...

2. FULL NAME Baby Adams

(a) Residence: No. 2537 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5 20 37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) —

FATHER

13. NAME George Cigare

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL

PL... JOHNS HOPKINS MEDICAL SCHOOL JUN 30 1937 ... 19...

19. UNDERTAKER Commissioner of Health
(Address) Per H. A. Moore

20. FILED ... 19... Registrar.

JUN 30 1937 3322 Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 21 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937 to May 21 1937

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4:00 A. m.

The principal cause of death and related causes of importance were as follows: PREMATURITY — Date of onset

Other contributory causes of importance: —

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) E. W. Overstreet, M. D.

(Address) The Jo... Hospital

OCCUPATION IS very important. See instructions on back of certificate.

36895 E 36895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 OAKMONT AVE 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME IDA GLICK

(a) Residence: No. 3611 OAKMONT AVE. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of WILLIAM

6. DATE OF BIRTH (month, day, year) Sept 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) KIEV RUSSIA.

FATHER

13. NAME NOT KNOWN

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME MIRIAM

16. BIRTHPLACE (city or town) (State or country) RUSSIA.

17. INFORMANT SAMUEL SAMSWEET

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place HERRING RUN Date 7-1-37

19. UNDERTAKER Jacks 1439 Lexington St.
(Address)

20. FILED JUL 3 1937 Lexington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to June 29, 1937

I last saw her alive on June 29, 1937. Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic carcinoma of lungs, pleura and liver, primary focus not known	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Lawrence Katzenstein, M. D.

(Address) 1 E Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

36896 E 36896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 122 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 12-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Louise Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. Grasonville Md St, ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9- 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruby Gardner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ~~Graconville Md.~~ Mrs Thomas (Grasonville)
(Address)

18. BURIAL, CREMATION, OR REMOVAL Maryland
Place Graconville Md. Date June 30 37

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED Huntington Williamsburg Md.
JUL 1 1937

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1937 to 6-29, 1937

I last saw her alive on 6-29, 1937. Death is said to have occurred on the date stated above, at 6.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea, non-specific	6-16-37

Other contributory causes of importance:

Bronchopneumonia, right	6-27-37
Paralytic ileus	6-28-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Oliver M. D.
(Address) Union Memorial Hospital.

OCCUPATION is very important. See instructions on back of certificate.

36897

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36897

CERTIFICATE OF DEATH

U-4949--CM

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 36-1245-B Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1882 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Michael Concannon

If U. S. Veteran specify WAR .....

(a) Residence: No. None St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen (D)

6. DATE OF BIRTH (month, day, year) 4-11-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mulray

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem. Date 7/1/37

19. UNDERTAKER John J. Cowal & Son
(Address) 900 Hollins St.

20. FILED JUL 2 1937 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1937 to June 29, 1937

That I last saw h[illegible] alive on June 29, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of tongue	1 yr.
Bronchopneumonia	2 days.
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Biopsy Was there an autopsy? NO

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A. C. Brantigan M. D.

(Address) Baltimore City Hosp.

F 36898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36898

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 Orleans St., 6-5 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorenzo Barnes

If U. S. Veteran specify WAR

(a) Residence: No. 1603 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): ✓

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): 6/4/34

7. AGE: Years 3; Months; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Lester McGresham

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Marie Barnes

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Marie Barnes

(Address) 1603 Orleans

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn. Date 7/1/37 193

19. UNDERTAKER: C. E. Wilson

(Address) 1000 Bruntsfield

20. FILED 1937 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/7 1937 to 6/28 1937

I last saw him alive on 6/28 1937. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	5/30/37
Acute Bronchitis	6/7/37

Other contributory causes of importance: Whooping Cough

Was an operation performed? Date of

For what disease or injury?

Name of operation:

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James R. Blake M. D.

(Address) 924 Arlington Ave

M. D. B 1268-9

F 36899

36899 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Martin J. Welsh

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not Known

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 30 1937, 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

JUN 30 1937 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of Heart	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury June 20, 1937

Where did injury occur? 117 N. Paca St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place (Parking Lot)

Manner of injury Shot by Officer

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Stolen Car

(Signed) H. C. Mullen M. D.
Coroner

(Address) 2757 Walbrook

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. B 1268-9

F 36900

36900 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Nunn

(a) Residence: No. 810 Druid Hill Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUN 30 1937

Commissioner of Health

19. UNDERTAKER

(Address) Per H. A. Moore

FILED JUN 30 1937

MEDICAL CERTIFICATE OF DEATH

#431

21. DATE OF DEATH (month, day, year) June 12, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Inquest, Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

F 36901 ✓ F 36901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 W. Lombard St. 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME [redacted] Foetus (Fifth Month) Infant Murphy

(a) Residence: No. 1104 W Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Fulle Murphy

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mildred Stevens

16. BIRTHPLACE (city or town) (State or country) Chester Md.

17. INFORMANT Mildred Stevens

(Address) 1104 W Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL JUN 30 1937 19

19. UNDERTAKER Commissioner of Health

(Address) For H. A. Moore

JUL 2 1937 19 ... Registrar.

3528

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937, to June 30, 1937

I last saw her alive on 6, 30, 1937. Death is said to have occurred on the date stated above, at 11:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Pulmonary atalectasis	

Other contributory causes of importance:

Prematurity	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Nathan Ravin, M. D.

(Address) 206 S. Gilmor St

E 36902

36902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 27-6 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Agnes McEnoch

(a) Residence: No. 2709 Bayonne St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John J. Enoch

6. DATE OF BIRTH (month, day, year) April 3-1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20'37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Altoona Pa

FATHER

13. NAME Charles McKay

14. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

MOTHER

15. MAIDEN NAME Mary Larkin

16. BIRTHPLACE (city or town) (State or country) Cresson Pa. Brooklyn N.Y.

17. INFORMANT John J. Enoch

(Address) 2709 Bayonne a

18. BURIAL, CREMATION OR REMOVAL Holy Sepulchre Cemetery

Place Altoona Pa. Date 7/2/37

19. UNDERTAKER Leonard J. Rad

(Address) 5305 Harford Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15 1937 to June 29 1937

I last saw her alive on June 29 1937 Death is said to have occurred on the date stated above, at 6 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bantis disease	1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) St Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

JUL 1937

330 978 F 36903

HEALTH DEPARTMENT—CITY OF BALTIMORE

330 F 36903

CERTIFICATE OF DEATH X 13-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Wm. Thomas

If U. S. Veteran specify WAR .....

(a) Residence: No. Arunga Rd. St., ... Ward. Calvert Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/8/37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harold Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace M. Dutton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Undertaker Gen. Sunderland Bur. Date July 1st 1937

19. UNDERTAKER Wm. Ford & Wilson Daughters

(Address) 1139 N. Caroline St.

20. FILED ..... 19..... Registrar.

JUL 1 1937 Huntington Thursday

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937 to June 28, 1937.

I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	June
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Keplar Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

330191
36904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36904

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 12-1 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Nathan Lazarus

(a) Residence: No. Temple Garden Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White Jewish	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Lazarus

6. DATE OF BIRTH (month, day, year) January 6 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1966

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing Salesman.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Bernard Razarus

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ? ? ?

16. BIRTHPLACE (city or town) (State or country) ? ? ?

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 7/1 1937

19. UNDERTAKER David Longhurst Inc

(Address) 1402 Eutaw St

[illegible] Huntington Pallbearers Co. Director.

JUL 30 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6 1937 to June 29 1937

I last saw him alive on June 29, 1937. Death is said to have occurred on the date stated above, at 9.40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Indef
Coronary occlusion	6/6/37
Pulmonary infarction	6/23/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hamilton C. Blount M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

24145 EB

F 36905

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36905

CERTIFICATE OF DEATH

1-5 46-F

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-5 Ward)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 44 yrs. ..... mos. ..... ds.

2. FULL NAME John Wyrwas

If U. S. Veteran specify WAR .....

(a) Residence: No. 237 S. Collington Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine

6. DATE OF BIRTH (month, day, year): 4-3-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Joseph Wyrwas

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Caroline

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date July 2 1937

19. UNDERTAKER: John M Weber

(Address) 401 S. Chester St

20. FILED ..... 19 ..... Huntington Williams & Co

JUL 3 0 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-4 1937 to 6-28 1937

I last saw him alive on 6-28 1937 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas — Date of onset 3-6 mos

Other contributory causes of importance:

Was an operation performed? Yes Date of Jan 1937

For what disease or injury? Strangulated Hernia

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F. Ramsey M. D.

(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

369906 369906

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Gamble

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	[illegible]	[illegible]

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of [illegible] Gamble

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER [illegible]
(Address)

20. Filed ... 19... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1937 to June 30, 1937

I last saw h[illegible] alive on June 30, 1937 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular disease	?
Auricular fibrillation	6/7/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B. Adams M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 36907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36907

CERTIFICATE OF DEATH

93-C

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital) 10-2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas H Johnson If U. S. Veteran specify WAR .....

(a) Residence: No. 1235 Webb St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced
HUSBAND of —R—
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co (State or country) Md

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) St Marys Co (State or country) Md

MOTHER

15. MAIDEN NAME Julia Johnson

16. BIRTHPLACE (city or town) St Marys Co (State or country) Md

17. INFORMANT Mary A Jones (Address) 512 N Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date July 1 1937

19. UNDERTAKER Elroy O Wilson (Address) 1110 Druid Hill ave

20. FILED JUN 30 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Myocarditis	about 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jerge S. Allen M. D.
(Attending Physician or Coroner)

(Address) 500 E Chesapeake St

OCCUPATION is very important. See instructions on back of certificate.

VS6

Ella J. White

36908

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36908

CERTIFICATE OF DEATH

V95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 St. Charles St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella J. White

If U. S. Veteran specify War No Record

(a) Residence: No. 333 St. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of — (or) WIFE of —

6. DATE OF BIRTH (month, day, year): July 23-1867

7. AGE: Years 69 | Months 11 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supt Womens

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Exchange

10. Date deceased last worked at this occupation (month and year): Jan 1936

11. Total time (years) spent in this occupation: 42 Yrs

12. BIRTHPLACE (City or town) (State or country): Baltimor Md

FATHER

13. NAME: Thomas White

14. BIRTHPLACE (city or town) (State or country): Baltimor Md

MOTHER

15. MAIDEN NAME: Sarah C. Disfields

16. BIRTHPLACE (city or town) (State or country): Baltimor Md

17. INFORMANT: Margaret Bargar

(Address) 333 St. Charles St

18. BURIAL, CREMATION, OR REMOVAL: Pikesville July 3rd 1937

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED: Huntington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937 to June 30, 1937

I last saw h. alive on June 30, 1937. Death is said to have occurred on the date stated above, at 1225 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Coma. — Date of onset June 27th

Hypertension - Heart — 9

Other contributory causes of importance:

Uremia

Arteri. Sclerosis

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Meyer Jr M. D.

(Address) 1520 E. 33rd St

OCCUPATION is very important. See instructions on back of certificate.

1937

M. D. B 1268-9

E 36909 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36909

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Gibbons Ave St., 27th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susette Foreman

(2) Residence: No. 3004 Gibbons Ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Foreman

6. DATE OF BIRTH (month, day, year) March 1st 1852.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Reinhardt

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret E Hilsher

(Address) 3004 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date July 3rd 37

19. UNDERTAKER William Cook

(Address) 1317 St Paul St

Huntington Williams Registrar.

20. FILED L 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1935 to June 30th 1937

I last saw her alive on June 15th 1937 Death is said to have occurred on the date stated above, at 930 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	many yrs.
Other contributory causes of importance: Myocarditis, chronic, Cardiac Decompensation with failure	Nov 1936.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston L. Brown M.D. M. D.

(Address) 1938 Linden Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 36910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36910

CERTIFICATE OF DEATH

102

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 17-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rosa Williams

(a) Residence: No. 708 Druid Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Williams

6. DATE OF BIRTH (month, day, year) July 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Imperial Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT John Williams

(Address) 708 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 37

19. UNDERTAKER Adolph Rutzler Co

(Address) 1 S Eutaw St

20. FILED 19 [illegible]

JUN 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937 to June 21, 1937

I last saw her alive on June 21, 1937. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	March 1937
	about
Other contributory causes of importance:	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schofield M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

36911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36911

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 663 W Saratoga St., 4-7 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Cuffy

If U. S. Veteran specify WAR .....

(a) Residence: No. 663 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeremiah Cuffy

6. DATE OF BIRTH (month, day, year) Jan 1-1877?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) January 1937

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME James Henderson

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jeremiah Cuffy
(Address) 663 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Marley Neck Cemetery Date July 1 1937

19. UNDERTAKER Chas. G. Coker
(Address) 514 N. Calhoun St.

20. FILED ..... 19 ..... Registrar

1 - 1937 Huntington Avenue, MD

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22 37 to June 25 37

I last saw h[illegible] alive on June 25 1937 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Dec 1936

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) 663 W Saratoga

36912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-aF 36912

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 Appleton St. St., 16-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Emma F. Farrell

(a) Residence: No. 801 N. Appleton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Farrwll

6. DATE OF BIRTH (month, day, year) July 4, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	82	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lewis H. Bennett

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT C. Norman Bennett
(Address) 3218 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemy. Date July 1, 1937

19. UNDERTAKER John A. Butchelbach & Son
(Address) 1900 Eutaw Place

20. FILED JUL 1 1937, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-28-37, to 6-29-37, 19

I last saw h[illegible] alive on 6-29-37. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis with hypertension.	3 yrs. +
Other contributory causes of importance: Cerebral Hemorrhage (Hemiplegic)	6 days

Was an operation performed? not Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. J. Marco, M. D.

(Address) 12 Charlcoate Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

36913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159 F 36913

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Saffron

(a) Residence: No. 1500 Pulaski St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) 6-30-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. 47 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Ralph Saffron

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Nettie Becker

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Nettie Saffron
(Address) 1500 Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date July 1 1937

19. UNDERTAKER Joe Lewis Inc.
(Address) 1439 E. Baltimore St.

20. FILED 7-1-1937 Huntington Matthews, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 10.38 a.m. 6-30 1937. to 4.25 p.m. 6-30 1937.

I last saw her alive on 6-30 1937. Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 30 wks. Gestation	

Other contributory causes of importance:

Congenital Atelectasis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

36914

HEALTH DEPARTMENT—CITY OF BALTIMORE

36914

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Harlem ave, 16-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jane Brogden

If U.S. Veteran specify WAR ....

(a) Residence: No. 1005 Harlem Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Brogden

6. DATE OF BIRTH (month, day, year) about July 4 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 59	54	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Levy Scott

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edward Brogden

(Address) 1005 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 7/2/ 1937

19. UNDERTAKER Frances A. Kemp Ley

(Address) 3781 W. Biddle St

20. FILED [illegible] 19 [illegible] Registrar.

L 7-1936 Lexington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 . 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8 . 1937 to June 29 . 1937

I last saw h[illegible] alive on June 29 . 1937 Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goiter	about 5 months ago
Other contributory causes of importance Diabetes Mellitus	about 6 mo ago

Was an operation performed? no Date of ....

For what disease or injury? ....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) George Mc Donald M. D.

Address 844 N Carey St

OCCUPATION is very important. See instructions on back of certificate.

F 36915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36915

CERTIFICATE OF DEATH

X V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward) 12-2

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Edward Carl Gilbert

If U. S. Veteran specify WAR

(a) Residence: No. — St., — Ward. New Windsor, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of: Mrs. Ed. C. Gilbert

6. DATE OF BIRTH (month, day, year): July 16 - 1892

7. AGE: Years 45 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bank Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: New Windsor Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Libertytown Frederick Co.

FATHER

13. NAME: Joseph C. Gilbert

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Emma Palmer

16. BIRTHPLACE (city or town) (State or country): Penna.

17. INFORMANT (Address): Mrs. Emma Gilbert New Windsor

18. BURIAL, CREMATION, OR REMOVAL: New Windsor July 4, 37

19. UNDERTAKER (Address): H. D. Fairbourn & Son New Windsor Md.

20. FILED ..... 19 ..... Registrar.

JUL 1 - 1937 Hagerstown, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-1- , 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937 to July 1, 1937.

I last saw him alive on July 1, 1937. Death is said to have occurred on the date stated above, at 6.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	7-1-37
Other contributory causes of importance:	
Rheumatic heart disease	?
Chr. Myocarditis	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Oliver M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

36916 F 36916

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 N. Mount St. 15-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgiana Neal

(a) Residence: No. 1424 N. Mount St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Neal

6. DATE OF BIRTH (month, day, year) 8-30-69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
67	68	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Sigmund

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William Neal
(Address) 1424 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7-2 1937

19. UNDERTAKER George G. Nelson
(Address) 1303 Eastern Ave

Huntington Williams, M.D.

20. FILED JUL 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-10- 1937 to 6-29 1937

I last saw h... alive on 6-29- 1937. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	5-12-36

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Frank C. Bagg M. D.
(Address) 1516 N. Mount St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 3

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36917 CERTIFICATE OF DEATH ✓ 100 F 36917

1. PLACE OF DEATH Church Home & Inf. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., W. 2 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME G. Griffin Weggel.

(a) Residence: No. 4804 Althea Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadie M. Weggel,

6. DATE OF BIRTH (month, day, year) April 12. 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Weggel,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sadie M. Keating,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Sadie M. Weggel,

(Address) 4804 Althea Ave

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date JUL 3 1937

19. UNDERTAKER P. H. & Sons

(Address) 2700 Edmondson Ave.

20. FILED JUL 1 - 1937 Registrar Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5. 1937. to June 29. 1937

I last saw h alive on June 29. 1937 Death is said to have occurred on the date stated above, at 1:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilated Cardiomyopathy	4/5/37
Other contributory causes of importance: Pulmonary tuberculosis	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John T. Myers M. D.

(Address) Church Home & Inf.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36918 CERTIFICATE OF DEATH V 47-B F 36918

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N.Monroe St., 16-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World

2. FULL NAME Walter P.Hamil,

(a) Residence: No. 710 N.Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorotha H.Hamil,

6. DATE OF BIRTH (month, day, year) May 30.1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	--	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec.1935

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Micheal P.Hamil.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Clara O.Mitchell,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Clara O.Hamil.

(Address) 710 N.Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date JUL 2 1937

19. UNDERTAKER Geo H Sisk

(Address) 2700 Edmondson Ave.

20. FILED JUL 1-1937 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 29 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25 19 to June 29 19 37. I last saw h alive on June 29 19 37. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of the lung	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C Urban Smith M. D.

(Address) 817 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

JUSTICE

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36919

CERTIFICATE OF DEATH

95-B

F 36919
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hosp. St. 13-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7/ yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie A. Justice

(a) Residence: No. 1018 Union Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. If Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A. Justice

6. DATE OF BIRTH (month, day, year): Sept. 23-1880

7. AGE: Years 56; Months 9; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Alexandria Virginia

FATHER

13. NAME: Jardine

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Josephine Gill

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): John A. Justice 1018 Union Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Park Date July 2, 1937

19. UNDERTAKER (Address): Horace F. Burger 3631 Falls Road Huntington Pikesville, Md

Registrar

JUL 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1937 to 6-29, 1937

I last saw her alive on 6-29, 1937 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1915 ?
Congestive cardiac failure	5-1-37

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Bathgate M. D.

(Address) Franklin Sq. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36920

CERTIFICATE OF DEATH

F 36920

1498-149a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph's Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Helen Poole If U. S. Veteran specify WAR .....

(a) Residence: No. Forest Hill St., Mt. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas W Poole

6. DATE OF BIRTH (month, day, year) Feb 15 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Chas W Webster

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Georgiana Nicholas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas W Poole (Address) Forest Hill Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date July 3 1937

19. UNDERTAKER (Address) Baltimore

20. FILED July 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1937 to July 1 1937 last saw h.. alive on July 1 1937 Death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Preg nancy @ term	
Post Operative intestinal Obstruction	
Other contributory causes of importance: Diabetes mellitus	

Was an operation performed? Yes Date of 6/22/37 6/29/37

For what disease or injury? Pregnancy @ term Post operative Intestinal obstruction

Name of operation Cesarean section Relief of obstruction

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Francis P. Thompson M. D.

(Address) 11 E. Lexington

OCCUPATION is very important. See instructions on back of certificate.

L-1-1937

M. D. B 1268-9

F 36921 HEALTH DEPARTMENT—CITY OF BALTIMORE F 36921

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hyt St. 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 6 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert P. Neary

U S Veteran (Specify W.A.) .....

(a) Residence: No. 1768 Gorsuch Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Dec 7, 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Polytechnic High School

10. Date deceased last worked at this occupation (month and year): June 1931

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Patrick J. Neary

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER

15. MAIDEN NAME: Myrtle Hutton

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Patrick J. Neary

(Address) 1331 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date July 3, 1937

19. UNDERTAKER: Edgar H. Conkling Son

(Address) 1847 Eager St.

JUL 1 - 1937 FILED

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and (from the evidence obtained by said Inquest, Autopsy or Inquiry) died that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Disease onset 6/31

Ruptured Left Kidney & Spleen

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/29

For what disease or injury? Spleen & Kidney

Nature of operation Laparotomy & Nephrectomy Date of 6/21

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 6/21/37

Where did injury occur? Edmondson Ave & Drake

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Highway

Manner of injury: While playing ball Left here was struck by Auto.

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Bruce Duffy Coroner, M. D.

(Address) 947 N. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36922

CERTIFICATE OF DEATH

94 F 36922

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 149 N. Kenwood Ave. | St. | Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary O'Malley

(a) Residence: No. 149 N. Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James F. O'Malley

6. DATE OF BIRTH (month, day, year) Nov. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Kipp

14. BIRTHPLACE (city or town) (State or country) Middletown Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. James F. O'Malley Jr.

(Address) 2536 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7-1- 1937

19. UNDERTAKER Fred J. Tomilly

(Address) Essex Md.

20. FILED 7-1-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Cardiac failure

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. Baltimore Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 36923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 36923

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Fait Ave. St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia T. Francis

If U.S. Veteran specify WAR no.

(a) Residence: No. 3104 Fait Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced, (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dixon Francis

6. DATE OF BIRTH (month, day, year): May 16, 1876.

7. AGE — Years: 61 | Months: 1 | Days: 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frenmont Md.

FATHER

13. NAME: Charles A. Granbauer
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Elvina Mancha
16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Blanche E. Francis
(Address): 3104 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Oakdawn Date: July 2, 1937

19. UNDERTAKER: Mrs. John R. Poole
(Address): 501 N. [illegible]

1-1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29, 1937.

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1937 to June 29, 1937.

I last saw her alive on June 29, 1937. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cardiac Vascular Renal Disease	1930
Cerebral Hemorrhage	5/16/37
Leg Gangrene Rt Leg.	5/26/37

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. W. Kupferschmidt M. D.

(Address) 2937 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 36924

36924 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25-6 192-2

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Leo St. St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Joseph Kroupa.

(a) Residence: No. 3709 Leo St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 4, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Antone Kroupa.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Cecelia Lightner.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Cecelia Kroupa.(mother)

(Address) 3708 Leo St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 19 37

19. UNDERTAKER Filby & Sons

(Address) 402 S. Howard St.

20. FILED 7-1-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Underdeveloped.	
Mitral insufficiency.	
Mentally deficient.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Address 1017 S. Charles St. 7/1/37

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36925

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2804 OVERLAND AVE St. 27-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME WILLIAM J OSTENDORF

(a) Residence: No. 2804 OVERLAND AVE St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ELLA OSTENDORF

6. DATE OF BIRTH (month, day, year) AUG 14 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt FREESTATE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BREWERY

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD

FATHER

13. NAME HENRY OSTENDORF

14. BIRTHPLACE (city or town) (State or country) BALTO MD

MOTHER

15. MAIDEN NAME MARY JORDAN

16. BIRTHPLACE (city or town) (State or country) BALTO MD

17. INFORMANT ELLA OSTENDORF (WIFE)
(Address) 2804 OVERLAND AVE

18. BURIAL, CREMATION, OR REMOVAL
Place OAKLAWN CEMT Date JULY 2 1937

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 402 & 404 Dolphin St

20. FILED ... 6/30/37

JUL 1 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 29 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937 to June 29 1937

I last saw him alive on June 28 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Embolism	
Other contributory causes of importance: Coronary Sclerosis	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? EKG Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Chas Smuck M. D.

(Address) 4706 Harford Rd

6/30/37

H

OCCUPATION is very important. See instructions on back of certificate.

F 36926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36926

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Frances Snowden

If U. S. Veteran specify WAR .....

(a) Residence: No. Darlington, Md St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug 1, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Darlington Md

FATHER

13. NAME James Carroll Snowden

14. BIRTHPLACE (city or town) (State or country) Darlington Md.

MOTHER

15. MAIDEN NAME Helen Smith

16. BIRTHPLACE (city or town) (State or country) Belair Md

17. INFORMANT Mother

(Address) Darlington

18. BURIAL, CREMATION, OR REMOVAL

Place Darlington Date July 2, 1937

19. UNDERTAKER H. S. Bailey

(Address) Darlington, Md

20. FILED JUL 1 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-28-, 1937 to 6-30-, 1937

I last saw her alive on 6-30-, 1937 Death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus septicemia	6-20
Other contributory causes of importance: Bronchopneumonia	6-30

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. M. Waghelstein M. D.

(Address) Sydenham Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36927 E 36927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital — Registered No. 208-M

CITY OF BALTIMORE: (No. 2251 St., W. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Harold Simone — If U. S. Veteran specify WAR

(a) Residence 2251 Madison Ave - Catonsville Md Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gate Sales Book Co

10. Date deceased last worked at this occupation (month and year) 6 1937

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER

13. NAME Joseph E Simone

14. BIRTHPLACE (city or town) (State or country) Maryland Co

MOTHER

15. MAIDEN NAME Rose Schmidt

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Mrs Rosa Simone

(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date July 2, 1937

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. Filed ... 1937 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy or Inquiry thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6/28

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/28, 1937

Where did injury occur? 5400 Block Frederick Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck while trying to pass in front of street car

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Herbert Ensby Coate, M. D. Coroner

(Address) 907 N. Charles

1-1937

VSG

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36928 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36928

CERTIFICATE OF DEATH

11-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kay Graefe

If U. S. Veteran specify WAR

(a) Residence: No. Glenburnie Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pleasantville N. J.

FATHER

13. NAME John D. Graefe

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lisa Burroughs

16. BIRTHPLACE (city or town) (State or country) Pleasantville N. J.

17. INFORMANT John D. Graefe
(Address) Glenburnie

18. BURIAL, CREMATION, OR REMOVAL
Place Eddy Hill Date 7/1/37

19. UNDERTAKER Thomas F. Singleton
(Address) Ken Burnie Md.

20. FILED 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-27- , 1937 to 7-1- , 1937

I last saw h[illegible] alive on 7-1- , 1937 Death is said to have occurred on the date stated above, at 3 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	6-21
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas F. Singleton M. D.

(Address) Sydenham Hosp.

JUL 7 - 1937

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36929

36929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-S Ward) X 54-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Briscoe

(a) Residence: No. 1506 - 13th St. N.W. St., ... Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/25/94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ..... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Govt employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Rube Briscoe

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Betty Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 7/1 1937

19. UNDERTAKER H. Emslie Jones
(Address) 1732 Eye St. N.W.

20. FILED ..... 19..... Registrar.

7-1937

H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to June 30, 1937.

I last saw him alive on June 30, 1937. Death is said to have occurred on the date stated above, at 755 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Operative Shock	6-28
Other contributory causes of importance: Multiple neurofibromatosis	1928?

Was an operation performed? Yes Date of 6-28-37

For what disease or injury? Spinal cord tumor

Name of operation Removal of tumor over

What test confirmed diagnosis? X-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A.F. Jonas M. D.

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 36930

36930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Virginie Coblentz

(a) Residence: No. Middletown Fredrick Co. St. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 27, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher (School)

10. Date deceased last worked at this occupation (month and year) June 1927

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Emory L. Coblentz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Kefauver

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Emory L. Coblentz
(Address) Middletown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Middletown Cem. Date July 4 1937

19. UNDERTAKER Schell & Co.
(Address) Middletown, Md.

20. FILED July 1 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)
Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of July 1, 1937

For what disease or injury? Thyroid

Name of operation Thyroidectomy Date of July 1

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

36931

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36931

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 25-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Morris

If U. S. Veteran specify WAR

(a) Residence: No. 3326 Fairfield Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida Morris

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edenton NC

FATHER

13. NAME Wells Morris

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Lucian Morris

16. BIRTHPLACE (city or town) (State or country) Edenton NC

17. INFORMANT Ida Stalling

(Address) 3326 Fairfield St

18. BURIAL, CREMATION, OR REMOVAL

Place Edenton NC Date July 2 1937

19. UNDERTAKER Robert E Williams

(Address) 1518 Eden St

20. FILED 19 Registrar.

JUL 1937

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937 to June 29, 1937

I last saw him alive on June 29, 1937 Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Miliary Tuberculosis Tuberculous Peritonitis	May 1937 June 1937
Other contributory causes of importance:	about

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Paul Schofield M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Mark Ave St., 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah L. Urey

If U. S. Veteran specify WAR .....

(a) Residence: No. 4401 Mark Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Benjamin J. Urey

6. DATE OF BIRTH (month, day, year) Dec 20th 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME William Loomis

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Sarah Kirkpatrick

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Charles Schrimp

(Address) 4401 Mark Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lancaster, Pa. Date 7/2/ 1937

19. UNDERTAKER E. J. Timmons & Son

(Address) 1938 E. Lafayette Ave.

20. FILED ..... 19 ..... Registrar

L 7-1-1937 H. Eugene Nelson, M.D. H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 29 1937 to June 30 1937

I last saw h.e alive on June 29 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General debility 7	
aged.	

Other contributory causes of importance:

Nephritis	unk

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Joseph Tenbey M. D.

(Address) 449 S. Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36933 Elaine T Wiseman F 36933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 144-B-82-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 28-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mrs Elaine J. Wiseman

If U. S. Veteran specify WAR

(a) Residence: No. 541 S. Frederick St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Wiseman

6. DATE OF BIRTH (month, day, year) June 7, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Foston

14. BIRTHPLACE (city or town) (State or country) Cleansping, Md.

MOTHER

15. MAIDEN NAME Mary Peake

16. BIRTHPLACE (city or town) (State or country) Cleansping, Md.

17. INFORMANT Horsat Oliver

(Address)

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cem Date 7/4 37

19. UNDERTAKER George E. Farley

(Address) Catonsville

20. FILED JUL 1 - 1937 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h.... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	7-1-37

Other contributory causes of importance

Pneumonia (Post Partum)

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) J. C. Heaney M. D.

(Address) Mercy Hospital Balto., Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

August Hartman

E 36934 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36934

CERTIFICATE OF DEATH 24387 JS

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 52-V-94B Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Hartman

If U. S. Veteran specify WAR

(a) Residence: No. 673 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 3-4-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Druid Cemetery Date 7/2/37, 19

19. UNDERTAKER Joel Lewis Inc. (Address) 1439 E. Balto. St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 13, 1937 to 6 - 27, 1937

I last saw h. / m alive on 6 - 27, 1937 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Hypertrophy of Prostate	?
Coronary thrombosis	?

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Arantzgan M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 36935 Briel J. W. Cole - 2202 Garrison F 36935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Liber Liberty 1219

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Harlem Ave. Ward) 11-6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Briel

If U. S. Veteran specify WAR

(a) Residence: No. 2705 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): Aug 12th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Not Known.

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs Sophia Briel.
(Address) 2006 Harlem. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem. Date: 7-2nd 1937

19. UNDERTAKER: Mrs. Chas. A. G. Rohde
(Address) 2327 Edmondson. Ave

20. FILED ... 19... Registrar.

JUL 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1937 to June 30, 1937

I last saw her alive on June 24, 1937. Death is said to have occurred on the date stated above, at 1.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
with Edema	?
Gradual Heart de-	
compensation	4/6/37
Other contributory causes of importance:	
Lobar Pneumonia	6/30/37
Moderate arteriosclerosis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Wesley Cole M.D. M. D.

(Address) 2202 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36936

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sherwood Miller (19092)

If U. S. Veteran specify WAR

(a) Residence: No. 307 S. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colred	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mildred

6. DATE OF BIRTH (month, day, year) July 27, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Irene Jeffries

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place McCalvary Date 7/5/37

19. UNDERTAKER Isaiah L. Brown & Son
(Address) 108 W Montgomery St

20. FILED JUL 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 30 1936, to June 30, 1937

I last saw h... in alive on June 30, 1937. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Sept. 1936
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jas. M. Kinlaw, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-9

F 36937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36937

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 McPhail St. St., 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vida Sellman

(a) Residence: No. 127 McPhail St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): May 26, 1904

7. AGE: Years 33 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Arlington Md.

FATHER
13. NAME: Charles M. Sellman
14. BIRTHPLACE (city or town) (State or country): Frederick Md.

MOTHER
15. MAIDEN NAME: Mary Hallings
16. BIRTHPLACE (city or town) (State or country): Soldiers Delight Md.

17. INFORMANT: Mrs. Mary Sellman
(Address) 127 McPhail St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem. Date: 7/3/37

19. UNDERTAKER: Howard F. Bischoff Jr.
(Address) 4914 Belair Road.

FILED ... 19 ...
... Registrar.

L 2-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1, 37

22. I HEREBY CERTIFY, That I attended deceased from June 1 37 to July 1 37
I last saw her alive on June 30 1937 Death is said to have occurred on the date stated above, at 4 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	June 37
Other contributory causes of importance: Mitral insufficiency	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Cahn M. D.
(Address) 2145 N Balto St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36938 — CERTIFICATE OF DEATH — 1-4 — 93-D — F 36938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Fleet St. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F. Reynolds

(a) Residence: No. 2202 Fleet St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catharine Reynolds

6. DATE OF BIRTH (month, day, year) Dec 12th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Aug. 1st 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James F. Reynolds

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Malinda E. Bramel

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mrs Catherine Reynolds
(Address) 2202 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 7/7 1937

19. UNDERTAKER Fred Leasdon Son
(Address) 7401 Belair Rd

FILED JUL 7 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16 1937 to June 30, 1937

I last saw him alive on June 30 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	6-28
Other contributory causes of importance: Hypostatic bronchitis	6-28

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Physical signs of death Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St

I. B. Bronushas, M.D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36939

Kordonski

F 36939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 179

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital St. 1-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kordonski

If U. S. Veteran specify WAR .....

(a) Residence: No. 830 Luzerne Ave. St., Ward.

(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary Kordonski

6. DATE OF BIRTH (month, day, year) 1/26/1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~60 yrs~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William P.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Pasculski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balto. City Hospital

(Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 7/3 37 19

19. UNDERTAKER John J. Fuda

(Address) 2311 Hudson St

20. FILED ..... 19 ..... Registrar.

JL 2- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Pneumonia due to Swallowing Carbona

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/28 1937

Where did injury occur? 830 Luzerne Ave. Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed Carbona

Nature of injury Pneumonia Fluid

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schreyer Coroner, M. D.

(Address) 1719 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36940 F 36940

CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1909 Longwood St., 15-6 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Amelia Brannon If U. S. Veteran specify WAR No Record

(a) Residence: No. 1909 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of: James E. Brannon

6. DATE OF BIRTH (month, day, year): June 27th 1860

7. AGE: Years 77 | Months 0 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Theodore Weddigen
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Augusta Schwartz
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: James E. Brannon
(Address) 1909 Longwood St

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: July 2nd 1937

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 2 - 1937 JUL 2 - 1937 Registrar.
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1937 to June 29th 1937
I last saw her alive on June 29 1937. Death is said to have occurred on the date stated above, at 3-30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance: Metastasis to Abdomen and Lungs	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Holmes M. D.

(Address) 4712 Liberty Hts Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

Bowie

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36941

F-36941

CERTIFICATE OF DEATH

1—PLACE OF DEATH 868 Pierce St

CITY OF BALTIMORE: (No. ... ST. 17-1 WARD)

REGISTERED NO. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Henry Bowie

(a) RESIDENCE NO. 868 Pierce St ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed Ella Boyer

6 DATE OF BIRTH (month, day, and year) 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Alexander Boyer

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Catherine Kent

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Md

14 Informant Malachi Gaze

(Address) 213 E. Carrollton ave

Filed JUL 2 1937, 19 ... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30-37

17 I HEREBY CERTIFY, That I attended deceased from June 26th, 1937, to June 30th, 1937, that I last saw him alive on June 30th, 1937, and that death occurred, on the date stated above, at 7.00 A m.

The CAUSE OF DEATH* was as follows:

Endocarditis (Chronic) & Senility

(duration) Unknown yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jno C Carpenter, M. D.

, 19 (Address) 735 Mulberry St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion

DATE OF BURIAL July 3 1937

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 E. Edwards St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 36942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V48 F 36942

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie E Eubanks — If U. S. Veteran specify WAR .....

(a) Residence: No. 611 W Mulberry St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter T Eubanks

6. DATE OF BIRTH (month, day, year) Dec 1-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Easey Finney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Susie Finney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Walter T Eubanks

(Address) 611 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 2, 1937

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lafayette St.

20. FILED JUL 2 1937 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	April 1937

Other contributory causes of importance: —

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.
Coroner

(Address) 520 Augusta St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S e

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36943

CERTIFICATE OF DEATH

94-B

F 36943
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Brooklyn ave St. 25-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Mankowitz

If U. S. Veteran specify WAR

(a) Residence: No. 3601 Brooklyn ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ ~~WIFE of~~ Lena.

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Mankowitz
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ?
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Mankowitz
(Address) 3601 Brooklyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date July 2, 1937

19. UNDERTAKER Sol Levinson Bro
(Address) 827 E Balto St

20. FILED 7-2-1937 Pennington Whitaker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1937, to 7/1, 1937.

I last saw h-- alive on 7/1, 1937. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilation	7/1/37
Other contributory causes of importance:	
Coronary thrombosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. C. Feldman, M. D.

(Address) 1440 E Balto St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36944

CERTIFICATE OF DEATH

97 F 36944

Registered No.

1. PLACE OF DEATH Leverdale

CITY OF BALTIMORE: (No. Hebrew Home for Aged St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Fannie Sugar

If U. S. Veteran specify WAR

(a) Residence: No. Belvedere Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Aaron Sugar

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mendle Sugar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Edmund Kerr, M.D.

(Address) Hebrew Home for Aged

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cemetery Date July 2 1937

19. UNDERTAKER A. J. Levin & Bro

(Address) 1122 E. Baltimore St. Baltimore, Md.

FILED JUL 2 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1937, to 7-1, 1937

I last saw h.e.l. alive on 7-1, 1937. Death is said to have occurred on the date stated above, at 8.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Dementia senilis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Kerr, M. D.

(Address) Leverdale

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 36945

F 36945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 - 25 Ward)

Registered No. 1498-1490

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Anzick

If U. S. Veteran specify WAR ...

(a) Residence: No. Essax Balto. Co. Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Anzick

6. DATE OF BIRTH (month, day, year) Nov. 4, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis Broom

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Anna M. Evans

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm. Anzick

(Address) Essax Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date July 3 1937

19. UNDERTAKER George W. Sybert

(Address) 1737 E. Eager St.

20. Filed 1937 Huntington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	

Other contributory causes of importance: ...

Was an operation performed? Yes Date of June 30, 193

For what disease or injury? Pregnancy

Name of operation Cesarean Section Date of June 30

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) E. B. Culen M. D.

Corner

(Address) 775 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36946

CERTIFICATE OF DEATH

6-2 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 ORLEANS ST. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME MARY E. HILDEBRANDT

(a) Residence: No. 2603 ORLEANS ST St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of WILLIAM HILDEBRANDT

6. DATE OF BIRTH (month, day, year) AUG. 5/1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9 10	24 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD

FATHER

13. NAME FREDRICK KREMEYER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT MRS. WARREN REESE
(Address) 2603 ORLEANS ST

18. BURIAL, CREMATION, OR REMOVAL
Place TRINITY Date JULY 3 . 1937

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. WOLFE ST

20. FILED Huntington Williams Reg. M.D.

L 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 30 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 . 1936 to June 30 . 1937

I last saw he alive on June 29 . 1937 Death is said to have occurred on the date stated above, at 10am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Gradual
Chronic Myocarditis & Nephritis	Gradual

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Observation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) H. B. Litsinger M. D.

(Address) 1 W. Lexington St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F36947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a F36947

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 N. Stricker St. St., 19 - Ward)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Charles Leopold.(c)

(a) Residence: No. 210 N. Stricker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) September 10, 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Walter Leopold.(c)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lula Brown.(c)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Lula Leopold.(c)mother.
(Address) 210 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date July 2, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	
unknown.	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Bridenbaugh, M. D. Coroner

7/2/37 (Address) 1017 S. Charles St.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 2 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36948 | F 36948

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 S. Pulaski St. 20-E Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Windisch

(a) Residence: No. 400 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Babette M. Windisch

6. DATE OF BIRTH (month, day, year) Sept. 16, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Windisch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Babette M. Windisch, 400 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 7-3-1937

19. UNDERTAKER (Address) Frederick A. Pyle, 19 South Fulton Ave.

19. FILED JUL 2 - 1937 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937 to June 29, 1937

I last saw him alive on June 29, 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	6 mos.
	30
Other contributory causes of importance: Pulmonary edema (acute)	1 day

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2230 Wilkens Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36949

CERTIFICATE OF DEATH

F 36949

1. PLACE OF DEATH 2109 St Paul St 12-4
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Alice Clover

(a) Residence: No. 208 & 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lewis P. Clover

6. DATE OF BIRTH (month, day, year) Jan. 27, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James A. Cubley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. J. Taney White (Address) 1265 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date July 3, 1937

19. UNDERTAKER J. Leroy Stiffler, Inc (Address) 1251 North Ave.

20. FILED JUL 2 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came
to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otho A. Evans, M. D.
Coroner

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UL 2 - 1937

V S 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36950 — 107-3 F 36950

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3924 Belvieu Ave St., 15-10 (Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harrison Holliday Emrich — If U. S. Veteran specify WAR .....

(a) Residence: No. 3924 Belvieu Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE: Florence R Hall Emrich

6. DATE OF BIRTH (month, day, year): Jan 22 1862

7. AGE: Years 75 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer Mfg

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 208

12. BIRTHPLACE (city or town) (State or country): Reisterstown Md

FATHER

13. NAME: Henry F. Emrich

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary L Keiser

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Florence R Hall Emrich
(Address) 3924 Belvieu Ave

18. BURIAL, CREMATION, OR REMOVAL: Woodbury Cemetery Reisterstown
Date July 3-37

19. UNDERTAKER: L. D. Mayfield
(Address) 2539 Fall Pkwy

20. Filed JUL 2 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to June 30, 1937

I last saw h... alive on June 30, 1937. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	5/9/37
Acute myocarditis	6/9/37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury No

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W G Jones M. D.

(Address) 726 N Monroe Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36951

CERTIFICATE OF DEATH

23 F 36951

Registered No. 13-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Hepburn

(a) Residence: No. 3600 Falls Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-23-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Nancy Berry

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loretto Cemetery Date July 5 1937

19. UNDERTAKER D. F. Mangold
(Address) 3539 Old Rd

20. FILED JUL 2 - 1937 Clayton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1937, to July 1, 1937

I last saw him alive on July 1, 1937. Death is said to have occurred on the date stated above, at 845 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis (of lungs)	April 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) W. A. De Lanteble M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36952 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 F 36952

1. PLACE OF DEATH 1027 Union Ave

CITY OF BALTIMORE: (No. 1027 Union Ave St., 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Isaac Hammond

If U. S. Veteran specify WAR

(a) Residence: No. 1027 Union Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Viola Hammond

6. DATE OF BIRTH (month, day, year) Dec 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 15 mo ago.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME John M Hammond

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Merkel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John M Hammond

(Address) 1027 Union Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lady 537 David Ridge Date ... 19

19. UNDERTAKER J. N. Ulmanstock

(Address) 3504 Falls Rd

20. FILED JUL 2 - 1937 Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 . 1937

22. I HEREBY CERTIFY, That I last saw ... of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Had been at F. S. Sanatorium For 14 mo. (Sabillesville)	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) John A Crain M. D.
Coroner

(Address) Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36953 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 36953

CERTIFICATE OF DEATH

20681 JS

46c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 2-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jensen

If U. S. Veteran specify WAR .....

(a) Residence: No. 800 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-16-1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Lenze Jensen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUL 2 - 1937, 19
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED JUL 2 - 1937 Huntington Williams
Registrar

3330

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1 - 29, 1937 to 6 - 29, 1937

I last saw him alive on 2 - 29, 1937 Death is said to have occurred on the date stated above, at 6.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of transverse colon with metastasis	1 yr.
Other contributory causes of importance:	

Was an operation performed? yes Date of 4-13-37

For what disease or injury? Carcinoma of colon

Name of operation Colostomy

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) O. C. Brantigan, M. D.

(Address) Baltimore City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

22098 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 36954 53 F 36954

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. No. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Minnie Shannon

(a) Residence: No. 3735 Gough St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) 11-5-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Brightwell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucinda Heiser ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date July 3 1937

19. UNDERTAKER Thos. F. Donnelly
(Address) Govans Md.

20. FILED 7-2-1937 Huntington, Williamsburg, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st. 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1937 to 7-1- 1937

I last saw her alive on 6/30 1937. Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure as result of arteriosclerosis and cachexia	12 mos
Other contributory causes of importance: Squamous cell carcinoma of neck	8 mos.

Was an operation performed? No Date of —

For what disease or injury? none.

Name of operation —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) O. G. Brantigan M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 2

Lester T. Rowland

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36955 CERTIFICATE OF DEATH ✓46-C F 36955

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MARYLAND. Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward 26) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lester T. Rowland

(a) Residence: No. 3130 Howard Park Ave., Balto St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Meise Rowland

6. DATE OF BIRTH (month, day, year) November 23, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ch. Mach. Mate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy

10. Date deceased last worked at this occupation (month and year) 9-6-34

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Stanford, New York.

FATHER

13. NAME Samuel W. Rowland

14. BIRTHPLACE (city or town) (State or country) Delaware Co., New York.

MOTHER

15. MAIDEN NAME Jennie Ceas

16. BIRTHPLACE (city or town) (State or country) Delaware Co., New York.

17. INFORMANT Record- U.S. Marine Hospital, (Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place WOODLAWN CEM Date JULY 5 1937

19. UNDERTAKER Wm J. Luckner Home
(Address) Nogel & Co. Huntington Milwaukee, Wis.

20. FILED JUL 2 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937 to July 1, 1937

I last saw him alive on July 1, 1937 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenocarcinoma, sigmoid flexure	unknown
Perforation, cecum, multiple	6-12-37
Appendicitis, acute	6-12-37

Other contributory causes of importance:

Was an operation performed? yes Date of 6-19-37

For what disease or injury? Appendicitis, acute.

Name of operation Exploratory laparotomy. Suture of cecum. Appendectomy.

What test confirmed diagnosis? P. M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) I. B. H. a Dunn. M. D.

(Address) H. E. Anderson, U. S. Marine Hospital, Balto. Md.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36956

CERTIFICATE OF DEATH

1 3/4

F 36956

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Pennsylvania ave) (Ward 14 - 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 8 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Katherine Wiencke

If U. S. Veteran specify WAR

(a) Residence: No. 1424 Pennsylvania Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Albert G. Wiencke

6. DATE OF BIRTH (month, day, year): Oct. 20 - 1870

7. AGE: Years: 66 | Months: 8 | Days: 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: — Schulte

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Miss Alma Wiencke 1424 Pennsylvania ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: July 3 37

19. UNDERTAKER (Address): Wm. J. Leibold & Sons North & Pa Ave.

20. FILED: JUL 2 - 1937 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1 - 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to July 1 - 1937

I last saw h[illegible] alive on June 30 1937 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Myocarditis	1935
Chr. Interstitial Nephritis	1935
Other contributory causes of importance: Cerebral Hemorrage	6/28/37

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Typical Examination Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul Brown M. D.

(Address) 1663 W. North ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36957

CERTIFICATE OF DEATH

x 193-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph C. Grady

If U.S. Veteran specify WAR .....

(a) Residence: No. Phila. Pa. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER FATHER

13. NAME Thomas Grady

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anastasia Slevin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mount Hope Retreat City

18. BURIAL, CREMATION OR REMOVAL Place Philadelphia Pa. Date 7/2 1937

19. UNDERTAKER (Address) for J. Berra & Son 136 W. Lexington

JUL 2 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1937

22. I HEREBY CERTIFY, That I attended deceased from March 1937 to July 1 1937

I last saw him alive on July 1, 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	37 yrs.
Acute Myocardial decompensation	1 dy.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) M. D.

(Address) 336 Fordham Rd. Balto Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36958

F 36958 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Catharine Smith If U. S. Veteran specify WAR

(a) Residence: No. 521 E. Fillmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William R Smith

6. DATE OF BIRTH (month, day, year) July 5, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Peter Schyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Nellie Mondyman
(Address) 521 E. Fillmore St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 7/3/37

19. UNDERTAKER John J. Fahey & Sons
(Address) 1318 Light St.

FILED JUL 2 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to June 30, 1937.

I last saw her alive on June 30, 1937. Death is said to have occurred on the date stated above, at 6:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Diabetic Coma	6-30-37
Other contributory causes of importance:	
Generalized Arteriosclerosis	?

Was an operation performed? Yes Date of 6-26-37

For what disease or injury? Diabetes Gangrene

Name of operation Mid-Thigh amputation - left leg

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Louis J. Krolle, M. D.

(Address) South Balto. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36959

HEALTH DEPARTMENT—CITY OF BALTIMORE

36959

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nellie Brogan

If U. S. Veteran specify WAR

(a) Residence: No. Catonsville, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Brogan

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Howes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Brogan
(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Mt. Manderson, Towson, Md. Date 7/5/37 19

19. UNDERTAKER John J. Fahey & Son
(Address) 131 E. Eight St.

20. FILED JUL 2 1937 Huntington W. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1937 to 7/1, 1937

I last saw her alive on 7/1, 1937 Death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	7/1/37

Other contributory causes of importance:

Diabetes Mellitus

Generalized arteriosclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard B. Mayo, M. D.

(Address) Univ. Hospital

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 36960

36960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Ruscomb Lane St. 27-17 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Anna Mary Diggins

If U. S. Veteran specify WAR

(a) Residence: No. 2809 Ruscomb Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan. 23. 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lived at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md.

FATHER

13. NAME Paul M. Diggins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Elizabeth Patch

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Paul M. Diggins (Father)
(Address) 2809 Ruscomb Lane

18. BURIAL, CREMATION, OR REMOVAL
Mt. Holly Cemetery Date July 2, 1937

19. UNDERTAKER Edward O. Corkliss Son
(Address) 924 E. Lafayette St.

20. FILED Huntington Hilliard 7-1-37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1935 to June 30 1937

I last saw h[illegible] alive on June 30, 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Bilateral	31 Mos.
Other contributory causes of importance: Tuberculer laryngitis 1 yr	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Damian P. Alagna M. D.

(Address) 3326 Fredrick Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

L 2 - 1937

F 36961

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36961

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 27 - Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Clifford

If U.S. Veteran specify WAR .....

(a) Residence: No. 3201 Berkshire Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~~~

6. DATE OF BIRTH (month, day, year) Aug 26-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	10	7 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~~~ None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos. Clifford

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date July 3 1937

19. UNDERTAKER Margaret L. Flynn

(Address) 2107 N. Hilton St

FILED JUL 2 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1925 to July 2 1937

I last saw her alive on July 2 1937 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?
Other contributory causes of importance: Cardiac dilatation and decompensation	7/1/37

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Milton P. Hill M. D.

(Address) Mount Hope Retreat.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36962

CERTIFICATE OF DEATH

X ✓ 53c

1. PLACE OF DEATH U. S. MARINE HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. 12-6 St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John H. Clayville

(a) Residence: No. ..... St., ... Ward. Chincoteague, Virginia.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Anna Bradford

6. DATE OF BIRTH (month, day, year) January 22, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ord. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merch. Marine

10. Date deceased last worked at this occupation (month and year) 5-1-37

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Chincoteague, Virginia

FATHER

13. NAME George Clayville

14. BIRTHPLACE (city or town) (State or country) Chincoteague, Virginia.

MOTHER

15. MAIDEN NAME --

16. BIRTHPLACE (city or town) (State or country) -- Virginia.

17. INFORMANT Records- U. S. Marine Hospital,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Chincoteague Va Date 7/2 37

19. UNDERTAKER William Cook
(Address) 124 St Paul Street

20. FILED ..... 19.... Registrar.

JUL 2 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937 to July 2, 1937

I last saw him alive on July 2, 1937. Death is said to have occurred on the date stated above, at 2:50a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis, left middle cerebral artery	5-1-37
Arteriosclerosis, cerebral	unknown

Other contributory causes of importance: over

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) I. B. H. Anderson, M. D.
I. B. H. Anderson

(Address) U. S. Marine Hospital, Balto, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

21216 B

E 36963

36963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 5-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Walters

If U. S. Veteran specify WAR .....

(a) Residence: No. 209 N. High St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie (Deceased)

6. DATE OF BIRTH (month, day, year) 5-11-1~~87~~ 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
~~88~~ 53 ~~60~~	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper-Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Olivia Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT B. C. H. Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mtmount Date 7/3 19 37

19. UNDERTAKER J. M. Cole & Co.

(Address) 1312 E. Cold St.

20. FILED 7-3 19 37 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-18 . 1937 to 7-2 . 1937

I last saw him alive on 7-2 . 1937 Death is said to have occurred on the date stated above, at 10:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, Staph Aureus with multiple abscesses.	6-25-37
Carcinoma of Stomach	?

Other contributory causes of importance:

Was an operation performed? yes Date of 6-16-37

For what disease or injury? Subtemporal abscess opt

Name of operation Incision & Drainage

What test confirmed diagnosis? culture Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. G. Scantlebury M.D.

(Address) Baltimore City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36964

F 36964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16-6 186a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rodger D. Nedwell.

If U. S. Veteran specify WAR No Record

(a) Residence: No. 3032 Arunah Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June 17, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane operator.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 208

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank D. Nedwell.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary E. Rogers.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frank D. Nedwell. (father)
(Address) 3032 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 5th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... Registrar

JUL 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above and that I last saw deceased alive on ... and that I viewed the remains on ... and that I have obtained the facts relating to the cause of death as stated below.

inquiry & autopsy thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry)

inquiry & autopsy (Inquest, Autopsy or Inquiry) that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis inquiry & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/30/37, 19...

Where did injury occur? On Street
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury accidental fall at Mount & Hollins St

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M Kinnaird, M. D.
Coroner

7/2/37 (Address) 1017 S. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36965

CERTIFICATE OF DEATH

V 194-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Newkirk St. 26-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harold H. Schneider

If U. S. Veteran specify WAR No Record

(a) Residence: No. 311 S. Newkirk St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 18 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm F. Schneider

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Eunice Hancock

16. BIRTHPLACE (city or town) (State or country) Sparrows Point Md

17. INFORMANT Emma Householder

(Address) 311 S. Newkirk St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date July 3rd 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

21. FILED 7-1-1937 Huntington Williams JR MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

taken by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury?

Name of operation — Date of .....

What test confirmed diagnosis? Chum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Probably accident Date of injury 7, 1, 1937

Accident, suicide, or homicide?

Where did injury occur 311 S. Newkirk St. Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Put noose about neck while standing on some wood & slipped off

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber Coroner, M. D.

(Address) 1919 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L - 1937

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-B 2. 36966 / 24592--EF

Registered No. 7.36966

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Dorah Woods

(a) Residence: No. 905 Bennett Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William Woods

6. DATE OF BIRTH (month, day, year): 3-20-1896

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3-	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Joe Henry

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Melvina ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Auburn Date: July 3rd 1937

19. UNDERTAKER (Address): 500 Brantley Ave Elroy O. Wilson

20. FILED

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-24- 1937 to 7-1 1937

I last saw her alive on 6-30 1937 Death is said to have occurred on the date stated above, at 12:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure as result of secondary anaemia	?
Other contributory causes of importance: uterine fibroid bleeding paralysis of tongue cause	? ?

Was an operation performed? — Date of

For what disease or injury?

Name of operation: Laparotomy Was there an autopsy? Yes

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) L. K. Woodward M. D.

(Address) Balto. City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36967

CERTIFICATE OF DEATH

57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428-E. Lanvale St. reet St., 9-4 (Ward)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Harry B. Dukehart

(a) Residence: No. 1428-E. Lanvale Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma B. (Woods)

6. DATE OF BIRTH (month, day, year) Feb. 25th, 1878

7. AGE Years	Months	Days	If LESS than 1 day or ..... min.
59	4	5	~~XXX~~

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Dukehart

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rephel Young

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Joesting
(Address) 1428-E. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/3/37 19

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735-Harford Ave.

20. FILED ..... 19 ..... Registrar.

7-3-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4 —, 1937, to June 30, 1937

I last saw him alive on June 28, 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis Deformans	
& Ankylosis, Inforamtes	

Other contributory causes of importance:

Toxic Teeth

Was an operation performed? ~~Yes~~ Date of .....

For what disease or injury? ~~Yes~~

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

~~Yes~~ If so, state .....

(Signed) A. P. Carman, M. D.

(Address) 1701 N. Carolina Av.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36968

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36968

CERTIFICATE OF DEATH

V 82-a

24554--F

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2333 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Smith

If U. S. Vet. specify W. No Record

(a) Residence: No. 1728 Light St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Smith

6. DATE OF BIRTH (month, day, year) 12-17-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 ~~64~~	6	~~15~~ 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Kurby

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Conaway

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Date July 5th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 3 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937, to July 2, 1937

I last saw her alive on July 2, 1937. Death is said to have occurred on the date stated above, at 5 20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-1-37
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. A. De Sautelle, M. D.

(Address) Baltimore City Hospitals

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 36969

F 36969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 906 Hanover St. St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Lohwasser.

(a) Residence: No. 906 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12/1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore. (State or country) Md

FATHER

13. NAME John E. Lohwasser.

14. BIRTHPLACE (city or town) Germy. (State or country)

MOTHER

15. MAIDEN NAME Julia Hoefner.

16. BIRTHPLACE (city or town) Germy. (State or country)

17. INFORMANT Henry H. Schloman.

(Address) 1039 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Frank Oliver Date July 5th 1937

19. UNDERTAKER E. Schloman & Son 1039 Hanover St.

20. FILED ..... Registrar.

L 3 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, 19..., to July 2nd 1937

I last saw her alive on July 1, 1937. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	?

Other contributory causes of importance:

- - -

Name of operation - - - Date of

What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr Harry Heidel M. D.

(Address) 1224-1226 Hanover St.

WRITE PLAINLY, WITH INDIANA INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-c

F 36970

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 17 N Dallas St., 6-5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Murdock

If U. S. Veteran specify WAR .....

(a) Residence: No. 117 n Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Victoria Murdock

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Benjamin Murdock

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Oscar Murdock

(Address) 606 Conway St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/2/37 19

19. UNDERTAKER Resnick & Drownton

(Address) 1021 Montgomery St

20. [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and (from the evidence adduced by said inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 25 1937

Other contributory causes of importance: Myocarditis — ?

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George S. Allen M. D.

(Address) 50 Panguthst

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 3-1937

V S 6

F 36971

F 36971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 655 W. Lafayette St. 19 Ward)

Length of residence in city or town where death occurred 6 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ernest No Oliver

(a) Residence: No. 655 W. Lafayette St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha James Oliver

6. DATE OF BIRTH (month, day, year) March 27, 182

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 55	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Isa Oliver

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Sarah J. Z.

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Martha James Oliver

(Address) 536 Johnson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date July 3, 19 37

19. UNDERTAKER Adolphus Hasted

(Address) 1218 Druid Hill Ave

20. [illegible] Washington Witness, ND Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came death on the day stated above.

The principal cause of death and related causes of importance were as follows: 11 30 am,

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Hamilton Travers M. D. Coroner

(Address) 1216 Hanover

JUL 3 - 1937

VS 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36972

36972 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Hospital St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albine Leyton

(a) Residence: No. 311 N Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Joshua S. Leyton

6. DATE OF BIRTH (month, day, year): July 2-1871

7. AGE: Years 65 | Months 11 | Days 23 | If LESS than 1 day, hrs. or min. 24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Atlanta Georgia

FATHER

13. NAME: Stone

14. BIRTHPLACE (city or town) (State or country): Tenn.

MOTHER

15. MAIDEN NAME: Swafford

16. BIRTHPLACE (city or town) (State or country): Tenn

17. INFORMANT: Mrs. Ann Burgess

(Address) 311 N. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: July 3-37

19. UNDERTAKER: J. Herbert & Son

(Address): See Certificate

19 JUL 3 - 1937

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1937 to 7-1, 1937

I last saw her alive on 7-1, 1937 Death is said to have occurred on the date stated above, at 6:16 P.M.

The principal cause of death and related causes of importance were as follows:

Diverticulum of Stomach & Gastric Hemorrhage — Date of onset: 6-29-37

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? None

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. P. Sellers M. D.

(Address) Woman's Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36973

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36973

CERTIFICATE OF DEATH

34-93-C

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. 20-26 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Carrie Trautenmuller

If U. S. Veteran specify WAR

(a) Residence: No. 2605-2605 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Henry A. Trautenmuller

6. DATE OF BIRTH (month, day, year) Sept 30-1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	9	3d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adolph A. Fleischmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Minnie F. Rochow

(Address) 2605 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 4 37

19. UNDERTAKER H. C. Pickpet & Son

(Address) 800 Eutaw Place

20. FILED JUL 5 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 19 37 to July 2, 19 37

I last saw h.r alive on July 1, 19 37 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2
Other contributory causes of importance:	
Senile	2

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis A. Kroll, M. D.

(Address) So. Balto. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 13-1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Essie McCorkle

(a) Residence: No. 2553 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	separated

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of Chauncy McCorkle

6. DATE OF BIRTH (month, day, year) 3/21/96

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Isa Ray

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Lana Walton

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/4/37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED 19 Arlington Williams

VS 3

L 3- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937 to July 2, 1937

I last saw her alive on July 2, 1937 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (over)	
Other contributory causes of importance: Rectal Stricture	

Was an operation performed? yes Date of June 15th

For what disease or injury?

Name of operation Dilatation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Gray Walton M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36975

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2833 W. Lanvale St. 16-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Susan H. Quick,

(a) Residence: No. 2833 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin S. Quick,

6. DATE OF BIRTH (month, day, year) April 9. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Frederick Md.

FATHER

13. NAME ? Hungerford,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME ? Wells,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles H. Quick,

(Address) 1905 Lemmon St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date JUL 5 1937

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED JUL 7 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 2 1937

22. I HEREBY CERTIFY, That I attended deceased from June 24th, 1937, to July 2, 1937.

I last saw h[illegible] alive on July 2, 1937. Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Myocardial Degen.,	Several
Mitral Regurgitation	Yrs.
Other contributory causes of importance:	
acute gastro enteritis	3 days

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W Mitchell M. D.

(Address) 2901 Edmondson

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36976

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36976

CERTIFICATE OF DEATH

V99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 15-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Harris

(a) Residence: No. 7119 Allendale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. ~~Single, Married~~, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or ~~divorced~~ (or) WIFE of Fred Harris

6. DATE OF BIRTH (month, day, year) Dec 31 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Chas. H. Claiborne

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Jane E. Common

16. BIRTHPLACE (City or town) (State or country) South Carolina

17. INFORMANT Mrs F. C. Cator

(Address) Pittsburg Pa.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date 7/3/37

19. UNDERTAKER Geo H. Lembach

(Address) 525 N. Fremont Ave.

20. FILED JUL 3 - 1937 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1937 to July 1st, 1937

I last saw her alive on July 1st, 1937 Death is said to have occurred on the date stated above, at 3 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Cardiac Hypertrophy	
Auricular Fibrillation	
Broncho Pneumonia, Right Base	

Other contributory causes of importance:

Pleurisy Right Base	
Thrombo Angitis Obliterans Rt Leg	May 12th
Thrombo Angitis Obliterans, Left Leg	June 30th

Was an operation performed? No Date of May 13th 1937

For what disease or injury? Thrombo Angitis Obliterans Right Leg.

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. P. Sellers, M. D.

(Address) Woman's Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F B 36977

F 36977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-e

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthor Spera Simms

If U. S. Veteran specify WAR .....

(a) Residence: No. 843 W. Fairmount Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Beatrice Spencer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Arthor Simms

(Address) 843 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem. Date 7/[illegible]3 1937

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 Edgewood St.

20. FILED JUL 3 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Congental Malformation of Heart	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 2757 Linden Ave Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

F 36978

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36978

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp. St. 27-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Carmella Dantoni

If U.S. Veteran specify WAR .....

(a) Residence: No. 3029 Spaulding Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year) Oct 8 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvador Dantoni

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Concetta Bastero

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Catherine Moscatti

(Address) 3029 Spaulding ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 6 1937

19. UNDERTAKER Martin Jr & E. Shipel

(Address) 37 S ... St

20. FILED JUL 4 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-27-37 . 19 . to 7-3-37 . 19 ...

I last saw her alive on 7-3-37 . 19 . Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3 days

Other contributory causes of importance:

Emphysema & gall Bladder	?

Was an operation performed? Yes Date of 6-28-37

For what disease or injury? Emphysema & gall Bladder Cholecystectomy

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton Levin M. D.

(Address) WBGH

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Violet Ave St., 15-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John J. Seddicum

(a) Residence: No. 2700 Violet Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Della V. Seddicum

6. DATE OF BIRTH (month, day, year) Dec 23, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J. Seddicum

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Matilda Wade

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Della V. Seddicum
(Address) 2700 Violet Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cemetery Gettysburg Pa. Date 7/6 1937

19. UNDERTAKER Howard N. Bloft Jr
(Address) 4914 Belair Road

20. FILED ... 19 ... By ...
Registrar

JUL 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1936 to July 3, 1937

I last saw h/m alive on July 3, 1937. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Renal Disease	April 1936
Other contributory causes of importance:	
Coronary Thrombosis	July 3, 1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas W Edmunds M. D.

(Address) 2746 Alameda

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD.

v s 2

E 36980

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36980

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Engel

If U. S. Veteran specify WAR

(a) Residence: No. 4901 Palmer Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20/17

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nathan Engel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dvorthy Silverman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Nathan Engel
(Address) 4901 Palmer ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem Date July 4 1937

19. UNDERTAKER Sol Kaufman Bro
(Address) 1127 E Balto St

20. FILED 19 Registrar

JUL 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937, to July 3, 1937

I last saw him alive on July 3, 1937 Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic lymphoid leukemia	1936
Secondary anemia	1936

Other contributory causes of importance:

Chronic nephritis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard Libman, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36981 ✓ F 36981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Asquith — St. 16-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Gaines

If U. S. Veteran specify WAR .....

(a) Residence: No. 721 Asquith St St., ... Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George.

6. DATE OF BIRTH (month, day, year) April 20-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern-shore Md.

FATHER

13. NAME George Chase

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Chase

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT, George Gaines son
(Address) 729 Asquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date Jan 5 1937

19. UNDERTAKER J. Elliott-Daughter,
(Address) 1128 N. Eutaw St.

20. FILED 19 ..... Deputy Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1- 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1937 to July 1 1937

I last saw h alive on 7/1 1937 Death is said to have occurred on the date stated above, at 11P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch nephritis	
General arterio sclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? No

Name of operation No Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19 .....

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. L. Hornstein M. D.

(Address) 733 Asquith St

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 4 - 1937

E 36982

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36982

CERTIFICATE OF DEATH

134

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5406 Elsrode Ave) Ward 6

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida N. Broseker

If U.S. Veteran specify WAR No Record

(a) Residence: No. 5406 Elsrode Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Male~~ Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND or (or) WIFE of: William H. Broseker

6. DATE OF BIRTH (month, day, year): Sept 12th 1863

7. AGE: Years 73 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): May 1937

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: William T. Jones

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Eliza Muir

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT (Address): Eliza M. Jones 502 E. 42nd St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: July 5th 1937

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1935 to July 2, 1937

last saw h[illegible] alive on July 2, 1937. Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance: Kidney Stones	1936

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel Block M. D.

(Address) 1331 E. North Ave

JUL 4 - 1937

F 36983

F 36983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Berkenfeld

If U. S. Veteran specify WAR .....

(a) Residence: No. 142 Asquith St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widdwed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Berkenfeld

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. R. Sieldman

(Address) 3300 Piedmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date July 3, 1937

19. UNDERTAKER Lot Lovington Bloch

(Address) 1112 Bolton St

20. FILED JUL 3 1937 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. K. Gruelich, M. D.

Coroner

(Address) 225 E. Lexington St

INSTRUCTIONS: WRITE LEGIBLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 36984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36984

CERTIFICATE OF DEATH

157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Blumberg.

If U. S. Veteran specify WAR

(a) Residence: No. Sinai Hospital St., 5033 Chatsworth Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 11-37

7. AGE: Years | Months | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: Emanuel Blumberg

14. BIRTHPLACE (city or town) (State or country): Balto., Md

MOTHER

15. MAIDEN NAME: Henrietta Adler

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Emanuel Blumberg 5033 Chatsworth Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place: Hebrew Cemetery Date: 7-4-37

19. UNDERTAKER (Address): Jacob Heyn Inc 1739 E. Baltimore St

20. FILED: Eugene Williams, M.D. Registrar.

JUL 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-3-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-11-37. 19 to 7-3-37. 19

I last saw him alive on 7-3-37. 19 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	6-11-37
Meningocele (injected)	6-11-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P M Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Sauter M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36985

HEALTH DEPARTMENT—CITY OF BALTIMORE

36985

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-W Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilton Norman Taylor

If U. S. Veteran specify WAR .....

(a) Residence: No. 2110 E. Hoffman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 15-1936.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wilson N. Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elenor Waugh

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wilson N. Taylor
(Address) 2110 E. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mouland Mem. Park Date July 5 1937

19. UNDERTAKER George W. Dinkelacker
(Address) 1737 E. Edgar St

20. FILED ..... 19 ..... Registrar.

JUL 4 - 1937 Lexington Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937 to July 3, 1937
I last saw him alive on July 3, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	July 2
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? P. M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Isaac Taubes M. D.

(Address) Sinai Hospital

INFORMATION CONCERNING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 36986 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 36986

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH 715 S. Bouldin St. Registered No.

CITY OF BALTIMORE: (No. ..... St. 76-11 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Maygers

(a) Residence: No. 715 S. Bouldin St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Maygers

6. DATE OF BIRTH (month, day, year) Feb. 9, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation ??

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Grace

16. BIRTHPLACE (city or town) (State or country) Bremen Germany

17. INFORMANT Conrad Maygers
(Address) 715 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date July 7 1937

19. UNDERTAKER George W. Zibler
(Address) 1737 E. Eager St

20. FILED JUL ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to July 4 1937

I last saw her alive on July 2 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	7/3/37
acute cardiac dilatation	7/4/37
Other contributory causes of importance:	
myocarditis, asthma	?
Acute bronchitis	

Name of operation none Date of

What test confirmed diagnosis? physical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) L. C. Zobiral M. D.

(Address) 447 N. Kenwood Ave.

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F.—1268-4

F 36987

F 36987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jenkins Memorial Hosp. St. 20-3 Ward)
1000 Eaton Ave.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Fannie Miles

(a) Residence: No. 1907 Wilhelm St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe.	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Miles

6. DATE OF BIRTH (month, day, year) June 13 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME John Dugnott

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margret Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bro. Miles
(Address) 1907 Wilhelm st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cathedral Date July 5, 1937

19. UNDERTAKER Leonard J. Ruck
(Address) 6305 Holford Rd

20. FILED 19 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-7 . 1937 to 7-2 . 1937

I last saw her alive on 7-1 . 1937 Death is said to have occurred on the date stated above, at 12:15 A M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus.	Nov. 1936
Secondary Anemia	7 Mo.

Other **contributory causes** of importance:

Secondary Anemia

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Lawrence J. Shinaneb M. D.
(Address) St Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36988 F 36988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Penrose Ave. 20-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H Phoades

If U. S. Veteran specify WAR .....

(a) Residence: No. 1810 Penrose Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Emelie F Phoades

6. DATE OF BIRTH (month, day, year) Nov 10 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Chas. E Phoades

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Emma Ward

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs Emelie F Phoades

(Address) 1810 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 7/5/37

19. UNDERTAKER George A Foreman

(Address) Fulton & Fayette

20. FILED JUL 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1937

22. I HEREBY CERTIFY, That I attended deceased from March 27 1937 to July 1 1937

last saw h[illegible] alive on June 30 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	3 mos
Other contributory causes of importance: Intestinal —	1 yr

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. S. Gibbs — M. D.

(Address) 622 N. Howard St

I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36989

CERTIFICATE OF DEATH

157-c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 7-5 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Powell

If U. S. Veteran specify WAR .....

(a) Residence: No. Herndon Va St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1/22/37

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash-H-C-

FATHER

13. NAME Paul Powell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Katherine-Harden

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends-

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Herndon Va Date 7/4/37

19. UNDERTAKER John F. Fahey & Son

(Address) 1317 Light St.

20. FILED ..... 19..... Registrar.

JUL 4 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3 1937 to July 4 1937

I last saw him alive on July 4 1937. Death is said to have occurred on the date stated above, at 2.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	5 mos.
Myocardial failure	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Dorman Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36990

CERTIFICATE OF DEATH

161-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5304 Ripple ave. St. 26-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Victor Chimeral

If U. S. Veteran specify WAR .....

(a) Residence: No. 4404 Valley View ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 22 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	11 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter E. Chimeral

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret H. Sullivan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Walter E. Chimeral
(Address) 4404 Valley View ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date July 5 37

19. UNDERTAKER Albert W. Berry
(Address) 440 E. North Ave

FILED JUL 5 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital hemolytic jaundice	

Other contributory causes of importance: —

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schnepfer M. D.
(Coroner)

(Address) 1919 E. North Ave.

F 36991 ✓ F 36991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 838 Harford Ave St. 10-2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME William C. Adams

(a) Residence: No. 838 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margarette E. Adams

6. DATE OF BIRTH (month, day, year) Feb. 27, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired yard R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk Western Md.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 3'2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John W. Adams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret E. Kirkwood

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Miss Adams Daughter 838 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cemetery Date July 6, 1937

19. UNDERTAKER (Address) Elmer D. Conkey Son 724 Eager St.

20. FILED ... Lexington Hill Manager

JUL 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1936 to July 2, 1937

I last saw him alive on June 1, 1937. Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease Aortic Insufficiency	10 yrs
Other contributory causes of importance: Arteriosclerosis	10 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, state ...

(Signed) Thomas J. Patrick M. D.

(Address) 7362 Monument St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36992 HEALTH DEPARTMENT—CITY OF BALTIMORE E 36992

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4634 Rokeby ~~Ave.~~ Road St., Hunting Ridge 28 (Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Etzkorn

If U. S. Veteran specify WAR ....

(a) Residence: No. 4634 Rokeby Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine D.

6. DATE OF BIRTH (month, day, year) Dec. 20 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) 1907

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edward Etzkorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Hertwich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Etzkorn

(Address) 4634 Rokeby Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 5. 1937

19. UNDERTAKER William J. Turner & Sons

(Address) Twits & Pinna. Aves.

20. FI... 1937 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12 1937 to July 2 1937,

that I last saw h.im alive on July 2 1937. Death is said to have occurred on the date stated above, at 2.45 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 6-12-37.

Other contributory causes of importance:

Cerebral Arteriosclerosis

Was an operation performed? No Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Thomas F. Warner M. D.

(Address) 2604 Garrison Blvd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1937 JUL 5

24629 EB

E 36993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 36993

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 1-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Berends

If U. S. Veteran specify WAR

(a) Residence: No. 39 S. Curley St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Eliza Riehl

6. DATE OF BIRTH (month, day, year) 8-10-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
54	54	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bernard Berends

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Jacoba Jensen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

St. Paul's 5th Ref. Ch. Cem. July 5, 1937

(Date)

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry T. Sander

(Address) Baltimore & Broadway.

20. FILED JUL 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1937, to July 2, 1937

I last saw him alive on July 2, 1937. Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Lautelle M. D.

(Address) Baltimore City Hospitals

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. D 1268-9

36994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36994

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 E Biddle St., 10-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Seibold

(a) Residence: No. 1007 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Seibold

6. DATE OF BIRTH (month, day, year): Mar 17-1872

7. AGE: Years 65 | Months 3 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Dennis Lynch

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Ellen Moncague

16. BIRTHPLACE (city or town) (State or country): Irelands

17. INFORMANT (Address): Family 1007 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cem. July 9 37

19. UNDERTAKER (Address): Chas. H. Hund & Son 1801 N. Howard St

20. FILED ... 19 ... Registrar

UL 5-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3. 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Cardiac Failure

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul Titzel M. D. Coroner

(Address) 1112 E. Northern

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 36995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. F 36995

1. PLACE OF DEATH Maryland Gen'l Hos (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 24th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Martin L. Beall

If U.S. Veteran specify WAR .....

(a) Residence: No. 412 E. Randall St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. M. L. Beall

6. DATE OF BIRTH (month, day, year) Nov. 6, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Beall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Burdette

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT LENA M. BEALL

(Address) 412 E. RANDALL ST

18. BURIAL, CREMATION, OR REMOVAL Baughman's Lineage Park Date July 6, 1937

19. UNDERTAKER J. Schumacher & Son

(Address) 3615-17 Eastern Ave

20. FILED July 6 1937 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/19/37, 19..., to 7/3/37, 19...

I last saw h. l. M. alive on 7/3/37, 19... Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocardial Failure	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Feldman, M. D.

(Address) Maryland Gen'l Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36996

F 36996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Exeter St. 3-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph A. Lavezza

If U. S. Veteran specify WAR .....

(a) Residence: No. 310 S. Exeter St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Adelina Lavezza

6. DATE OF BIRTH (month, day, year) Aug 14, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Natale Lavezza

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Theresa Fardolfo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Wife Adelina Lavezza 310 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 6, 1937

19. UNDERTAKER (Address) Frank V. Pipitone 2285 E. Balto St

20. [illegible] [illegible]

JUL 5 - 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to July 2, 1937

I last saw him alive on July 2, 1937. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 2-37
Other contributory causes of importance:	
Arterio Sclerosis	2 years

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) by Joseph L. Valentino, M. D.

(Address) 16 N. Broadway

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

36997 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36997

CERTIFICATE OF DEATH

93-C

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1671 W. North Ave St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia Leopold Gutman (Gutman) If U. S. Veteran specify WAR

(a) Residence: No. 1671 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Gutman

6. DATE OF BIRTH (month, day, year) Nov 15th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wolf Leopold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sofie Estreicher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT M. Gutman (Address) 1671 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Adrea Friendly Date July 7 1937

19. UNDERTAKER Aug Londheim (Address) 1402 Eutaw St

20. FILED July 5 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/6 1935 to 7/5 1937

I last saw h[illegible] alive on 7/5 1937. Death is said to have occurred on the date stated above, at 2 25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7/4/37
Chronic myocarditis	1935
Generalized arteriosclerosis	1935
Hypertension	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Greenberg M. D.

(Address) 2320 Eutaw St

36998 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36998

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2444 Callow Ave St. W 12-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Simon Schlichter

If U. S. Veteran specify WAR .....

(a) Residence: No. 2444 Callow Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Schlichter

6. DATE OF BIRTH (month, day, year) Feby 1st 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Solomon Schlichter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Straus

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs B. Rose
(Address) 4 Rose Callow Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cy Date July 6th 1937

19. UNDERTAKER Wm H Sondheim's Son
(Address) 1202 Eutaw Place

20. FILED Huntington Pittsburgh Pa. Registrar.

JUL 5 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1937 to July 4th 1937

I last saw h... alive on July 4th 1937. Death is said to have occurred on the date stated above, at 7:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/2/37
Chr. Interstitial nephritis	1934
Hypertension, Myocarditis	1934
Other contributory causes of importance:	
Pulmonary Edema	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify .....

(Signed) Michael N. Strauss M. D.

(Address) 2360 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 36999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 36999

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. B-Ct Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Antonio Colandrea

If U. S. Veteran specify WAR World war

(a) Residence: No. 932 N Bradford St. B-Cub Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of LIBERATA Mrs. Loretta Colandrea

6. DATE OF BIRTH (month, day, year) March 18 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John Colandrea

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Eleanora Viscardi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT LIBERATA COLANDREA (Wife)

(Address) 932 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co. Date July 6 1937

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Monroe St

20. FILED JUL 5 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to July 3, 1937

I last saw h.. alive on July 3, 1937. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	6/25/37
Pulmonary edema	

Other contributory causes of importance: Uric

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Grant Lund M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12 23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37000

37000

CERTIFICATE OF DEATH.

REGISTERED NO. 26-823

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3914 Claremont ST. WARD)

2-FULL NAME Antonio Miletto

(a) RESIDENCE No. 3914 Claremont ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (a) HUSBAND of (b) WIFE of: Mary

6 DATE OF BIRTH (month, day, and year): June 23 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	50	—	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): steel

(c) Name of employer: Bethlehem Steel Co.

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Michelangelo

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Mary Simonetti

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: wife

(Address)

15 Filed JUL 5 1937, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 4 1937

17 I HEREBY CERTIFY, That I attended deceased from May, 1929, to July 4, 1937, that I last saw him alive on June 30, 1937, and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Chronic ulceration pulmonary tuberculosis

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary): Asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Frank Di Paulo, M. D.

, 19 (Address) 232 S. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Sacred Heart Cem.

DATE OF BURIAL: July 7 19 37

20 UNDERTAKER: Frank Dilks Sons

ADDRESS: 52 N. Monroe

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 37001 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Nosp
CITY OF BALTIMORE: (No. ... St. 11-3 ... Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U.S. Veteran specify WAR ...

2. FULL NAME Mrs. Hazel Ray

(a) Residence: No. Frederick, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Ray

6. DATE OF BIRTH (month, day, year) March 7, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6/37

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Charles Himes

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Georgiana Stone

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT Arthur Ray (Address) Frederick, Maryland

18. BURIAL, CREMATION, OR REMOVAL. Place Jeffersonville, Md Date July 7 1937

19. UNDERTAKER M. R. Ottinger & Son (Address) Frederick, Md

20. FILED JUL 6 - 1937 Registrar Baltimore, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-2-37, 1937 to 7-5-37, 1937

I last saw her alive on 7-5-37, 19 .. Death is said to have occurred on the date stated above, at 12 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	
Myocardial failure	

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-2-37

For what disease or injury? Hernia (Ventral)

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Feldman M. D.
(Address) Maryland Genl Nosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37002

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Madison Ave 44-2 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria M. Reed.

(a) Residence: No. 1707 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow.

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Abraham Reed.

6. DATE OF BIRTH (Month, day, year) March 2, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Edward J. Steel Jr.
(Address) 1707 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery July 6 1937

19. UNDERTAKER Robert L. Young
(Address) 804 N. Carolina St.

20. FILED Huntington Pittsburgh, Pa.

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to July 2 1937

I last saw h.. alive on July 1 1937 Death is said to have occurred on the date stated above at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia.	June 29 1937
Other contributory causes of importance: Cerebral thrombosis & Paralysis	March 1937

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. L. Young M. D.

(Address) 1424 Monument St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-8 F 37003

F 37003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 12-2 Ward) — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 7 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles Little

(a) Residence: No. Emmitsburg Md. St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Emmitsburg Maryland

FATHER

13. NAME Bernard

14. BIRTHPLACE (city or town) (State or country) Emmitsburg Md.

MOTHER

15. MAIDEN NAME Susie Reddicord

16. BIRTHPLACE (city or town) (State or country) Emmitsburg Md.

17. INFORMANT (Address) Jenkins Memorial Hosp. 1000 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Emmitsburg Md. July 7 1937

19. UNDERTAKER (Address) C. L. Pellissier Emmitsburg Md.

20. FILED [illegible] JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to July 4th 1937

I last saw him alive on July 4 1937. Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Friedrich's Ataxia	1919
12 Generalized Paralysis	

Other contributory causes of importance: ____

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Lawrence J. Schmeisser M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

E 37004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37004

CERTIFICATE OF DEATH

186-a

24-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward).

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Walter L. Arthur.

(a) Residence: No. 208 E. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Mary Arthur.

6. DATE OF BIRTH (month, day, year) February 1, 1887.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Roanoke, Va.

FATHER

13. NAME James Arthur

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Anna Patzell.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mary Arthur. (wife)
(Address) 208 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross C. & M. Date July 6, 1937

19. UNDERTAKER Frank G. Koch & Son
(Address) 1906 Cakland Ave

FILED JUL 6 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Possible Concussion of the Brain	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 2, 1937
Where did injury occur? 208 E Cross St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place At Home
Manner of injury Accidental fall down cellar
Nature of injury Steps

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
7/3/37 (Address) 1017 S. Charles St. Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37005

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 Mosher St. 16-E Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carl Robt. Heise

If U. S. Veteran specify WAR No Record

(a) Residence: No. 1823 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE~~ of Elizabeth Heise

6. DATE OF BIRTH (month, day, year) Dec 6th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Elizabeth Heise

(Address) 1823 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 7th 1937

19. UNDERTAKER William Cook

(Address) 1217 St. Paul st

20. FILED JUL 6 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ... said that said deceased came (Inquest, Autopsy or Inquiry)

to ... death on the day stated above. 6 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Kaufmann Coroner M. D.

(Address) 215 Hanover

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37006

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gral Hospital St., ... Ward)

Registered No. 2355

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry B. Hamilton

If U. S. Veteran specify WAR No Record

(a) Residence: No. 2121 Christian St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~not living~~ Anna Hamilton

6. DATE OF BIRTH (month, day, year) May 15th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geo Martin

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Georg Hamilton

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Anna Hamilton

(Address) 2121 Christian St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/6 1937

19. UNDERTAKER W. Cook

(Address) 1217 E Fort Ave

20. FILED JUL 6 1937 19 ~~R. Eyster~~ ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poisoning	
Secondary (Stricture)	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury .....

Name of operation Perineal Urethral Abscess Date of 7/4/37

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hampton Mackenzie M. D. Coroner

(Address) 1715 Hanover Ave

37007 HEALTH DEPARTMENT—CITY OF BALTIMORE 37007

CERTIFICATE OF DEATH 24591--E46c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 27-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify War No Record

2. FULL NAME Katie Harp

(a) Residence: No. 4326 Falls Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm L. Harp

6. DATE OF BIRTH (month, day, year) 3-22-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William [illegible] Harp

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca Ogle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys (Hagerstown) Date July 6 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED JUL 6 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 7 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 25 . 1937 to 7 - 4 . 1937

I last saw her alive on 7 - 4 . 1937 Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid flexure of colon with obstruction	6 mo.

Other contributory causes of importance:

Was an operation performed? yes Date of see other side

For what disease or injury? Carcinoma of colon

Name of operation see other side

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. Arantegan M. D.

(Address) Baltimore City Hosp.

NB.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

F 37008

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 37008

CERTIFICATE OF DEATH

✓ 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 13-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella Fahs

If U. S. Vet. specify WA No Record

(a) Residence: No. 2511 Woodbrook Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 18th 1863

7. AGE: Years 74 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Augustus E. Fahs

14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Isabelle Welsh

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Kirwan A. Houseman

(Address) 3619 Howard Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Prospect Hill York Pa Date July 7th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... Huntington Baltimore, Md. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left femur	

Other contributory causes of importance: Hypostatic pneumonia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 6/27 1937

Where did injury occur? 2511 Woodbrook Ave. Balto, Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell out of chair

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schnepfer, M. D.

(Address) 1912 E. North Ave Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 37009 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37009

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

CITY OF BALTIMORE: (No. St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Southern W. Lawson If U. S. Veteran specify WAR

(a) Residence: No. Hanover, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mabel Lawson

6. DATE OF BIRTH (month, day, year) Dec 31st 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Weaverton Md

FATHER

13. NAME Mark Lawson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Virginia B. Corder

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mabel Lawson (Address) Hanover Md.

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville Md Date July 8th 37

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

20. FILED JUL 6 - 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937 to July 5, 1937

I last saw him alive on July 5, 1937. Death is said to have occurred on the date stated above, at 10 30/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Macrocytic Anaemia;	
~~Cause undetermined~~	?
Aplastic Anemia	?
Other contributory causes of importance:	
Malnutrition	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis J. Kroll, M. D.

(Address) South Balto. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37010

37010 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Gracelana ag 36-6

CITY OF BALTIMORE: (No. 6704 ~~Graceland~~ Graceland St., 44 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Blake

If U. S. Veteran specify WAR

(a) Residence: No. 6704 Graceland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth I Blake

6. DATE OF BIRTH (month, day, year) Sept 2 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65 6	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Eng 0030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel

10. Date deceased last worked at this occupation (month and year) July 3 1937

11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Fred Blake

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Elizabeth I Blake

(Address) 6704 Graceland

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery July 6 1937

19. UNDERTAKER John Ellerick

(Address) 2008 Edmondson Ave

20. FILED ... 19... ... Registrar.

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937 to July 3, 1937

I last saw him alive on July 3 37 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	a few minutes to
Arteriosclerosis	several years

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Howard Burns M. D.

(Address) 59 Dundalk Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37011

HEALTH DEPARTMENT—CITY OF BALTIMORE

37011

CERTIFICATE OF DEATH

34c

1. PLACE OF DEATH

Registered No. 23399--EF

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1366 N. Stricker St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Landdonna Williams

6. DATE OF BIRTH (month, day, year) 5-1-~~1873~~ 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53 ~~61~~	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginie

FATHER

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/6/37

19. UNDERTAKER Thomas E. Kelbaugh

(Address) 1303 Pulaski St

20. FILED ..... 19 ..... Registrar.

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to July 3, 1937

I last saw he alive on July 3, 1937. Death is said to have occurred on the date stated above, at 12-5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	1935
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. de Santelle, M. D.

(Address) Baltimore City Hospitals

N. B.—Blanks must be filled with ink. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37012 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37012

CERTIFICATE OF DEATH X V 94-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hospital St. 4-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME John Mordica

If U. S. Veteran specify WAR .....

(a) Residence: No. 912 C Srteet Sparrows Point St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maude E. Mordica

6. DATE OF BIRTH (month, day, year) Jan. 25, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Supt. Steel Plant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME James Mordica

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Wharrier

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Maude E. Mordica (Wife)
(Address) 912 C St. Sparrows Point Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Morgland Park Date 7/6/37 19

19. UNDERTAKER Stewart & Bowen Co.
(Address) 108 W. North Ave.

FILED JUL 6 - 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Inquest, Autopsy or Inquiry)
His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 2757 E. [illegible]

M. D. H. 1765-0

F 37013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37013

CERTIFICATE OF DEATH

V 117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2217 Brenner St) Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daphne Bortleher

(a) Residence: No. 2217 Brenner St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race | 5. Single, Married, Widowed, or Divorced (write the word) Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Bortleher

6. DATE OF BIRTH (month, day, year) 1860

7. AGE 76 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Anthony Hubler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Francis Card

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hubler

(Address) 2217 Brenner St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 7th 1937

19. UNDERTAKER A. Jones

(Address) 111 S. Eutaw St

19 Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/37

22. I HEREBY CERTIFY, That I attended deceased from 6/1/37 19 to 7/3/37 19

that I last saw her alive on 7/3/37 19 Death is said to have occurred on the date stated above at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage.	7/1/37
Other contributory causes of importance: Gastric Ulcer	6/15/37

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If

(Signed) Alfred Dixon M. D.

(Address) 1127 West Mt. St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 8 1937

F 37014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37014

244944 EF

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Small

If U. S. Veteran specify WAR .....

(a) Residence: No. 530 Orchard St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Wiodwed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 3-28-1882 ~~1881~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55 ~~66~~	3	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Billy Jones

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Alburn Date July 9 1937

19. UNDERTAKER Adolphus Hartsock
(Address) 918 Eutaw Place

JUL 6 - 1937

(EHS)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st. 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-17- 1937 to 7-1 1937

I last saw her alive on 6/30 1937 Death is said to have occurred on the date stated above, at 4:40A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acidosis	10 hrs
Other contributory causes of importance:	
Diabetes Mellitus	?
Diabetic Gangrene Left leg	4 mo

Was an operation performed? yes Date of 15th June 1937

For what disease or injury? gangrene left leg

Name of operation mid thigh amputation left

What test confirmed diagnosis? laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O. C. Brantigan, M. D.

(Address) Baltimore City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37015

CERTIFICATE OF DEATH

59 F 37015

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 4-2 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Lee

If U. S. Veteran specify WAR

(a) Residence: No. Crane Highway - Severn St. P. O. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Lee

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Bramwell or Lee

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Ind. Isabella Lee

17. INFORMANT (Address) Crane Highway - Severn P.O.

18. BURIAL, CREMATION, or REMOVAL Place Mt. Auburn Date July 5 1937

19. UNDERTAKER Jesse R. Biddison

(Address) 1736 E. Baltimore St.

20. FILED JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1937, to July 2, 1937

I last saw him alive on July 2, 1937. Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular disease a	
Diabetes Mellitus	

Other contributory causes of importance:

Left hemiplegia - Diabetic coma - Pulmon. edema.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J. Nicholson M. D.

(Address) University Hosp

Girt Gladden

E 37016 HEALTH DEPARTMENT—CITY OF BALTIMORE E 37016

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward) 11-4

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Girt Gladden

If U. S. Veteran specify WAR

(a) Residence: No. 335 Camel St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21 - 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Samuel Gladden

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Sallie Clement

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Elizabeth Gladden

(Address) 1128 Brentwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date July 6th 1937

19. UNDERTAKER Archibald C. Gladden

(Address) 2107 N. Gilmor St

20. FILED JUL 5 - 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	About May 1937
Phthisis	

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen Coroner M. D.

(Address) 5 & 7 Augusta St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

20989 KB

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37017 CERTIFICATE OF DEATH 131 F 37017

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. [illegible] (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Lang, or Lange

If U. S. Veteran specify WAR .....

(a) Residence: No. 3713 Centre Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 3-23-1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	47	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Robert Lange

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Louise [redacted] Maulage

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 7/6/37 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Pentwood Rd

20. FILED JUL 6 - 1937 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1937, to July 2, 1937

I last saw him alive on July 2, 1937. Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulonephritis	Oct. 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lacalle M. D.

(Address) Baltimore City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37018

CERTIFICATE OF DEATH

11950 JS

F 37018

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cecelia Ruhman or Ruhem

If U. S. Veteran specify WAR

(a) Residence: No. 914 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ruhman

6. DATE OF BIRTH (month, day, year) 7-4-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James MacKloma

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Millie Larry

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date July [illegible] 1937

19. UNDERTAKER Leonard J. Robert Sr.
(Address) 532 S. Eutaw St.

20. FILED JUL 6 - 1937 [signature illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937, to July 2, 1937.

I last saw her alive on July 2 1937 Death is said to have occurred on the date stated above, at 5:15 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible]
Bronchopneumonia	6-27-37

Other **contributory causes** of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [signature illegible] M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37019

CERTIFICATE OF DEATH

54 F 37019

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General St., Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Mrs. Hannah Barron

If U.S. Veteran specify WAR

(a) Residence: No. 2438 Callow Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of JOSEPH

6. DATE OF BIRTH (month, day, year)

7. AGE — Years 63 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME MENDEL SARON

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME RACHAEL

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT HOSPITAL RECORDS

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place BALTO. HEBREW Date 7/6/37

19. UNDERTAKER Jos. Lewis Son

(Address) 143 E. Balto St.

20. FILED Huntington Pathology Lab

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937, to July 5, 1937

I last saw her alive on July 5, 1937 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis. — Date of onset 2 wks

Other contributory causes of importance:

Diabetes Mellitus — 2 yrs +

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Laboratory Test Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levin, M. D.

(Address) WBGH

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37020 F 37020

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lonsdale

CITY OF BALTIMORE: (No.) Met Home (Street) forged 27 (Ward) 12 95 B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Israel Federman

If U. S. Veteran specify WAR .....

(a) Residence: No. Belvedere Towers St., Lonsdale Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah Federman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig Kallatt Supt

(Address) Belvedere Towers

18. BURIAL, CREMATION, OR REMOVAL

Dist Laurel Date 7/6/37 19

19. UNDERTAKER Levi Bro

(Address) 1439 E. Baltimore St.

20. FILED JUL 6 - 1937 [signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-1-37, 19..., to 7-6, 1937

I last saw h... alive on 7-5, 1937 Death is said to have occurred on the date stated above, at 4.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	7-3-37
Chr. card. Vascular disease	

Other contributory causes of importance:

Chr. Bronchitis	over

Was an operation performed? Yes Date of 8-20-28 10-28-31

For what disease or injury? Osteomyelitis of both legs

Name of operation Amputation of leg

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Levin M.D. M. D.

(Address) Lonsdale

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37021

CERTIFICATE OF DEATH 23409—CX

F 37021

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Bobbitt

If U. S. Veteran specify WAR .....

(a) Residence: No. 1608 Madison Ave., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella

6. DATE OF BIRTH (month, day, year) ~~9-15-1868~~ Aug 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50 ~~68~~	9 ~~11~~	18 ~~0~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 +0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Ella ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carey Date July 7 19

19. UNDERTAKER Chas. H. Colegate & Co. Inc.

(Address) [illegible]

20. FILED JUL 8 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to July 3, 1937

I last saw him alive on July 3, 1937. Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic heart disease	Dec. 1936
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. De Santalla M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37022

CERTIFICATE OF DEATH

37022

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital 16-1 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Webber — If U. S. Veteran specify WAR .....

(a) Residence: No. 912 Edmondson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sandy Webber

6. DATE OF BIRTH (month, day, year) Jan 6 - 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME Nathaniel Berry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Davenport

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ruth Berry
(Address) Bowie Md

18. BURIAL, CREMATION, OR REMOVAL
Place Leesville Va Date 7/6 1937

19. UNDERTAKER Lloyd W. Bruce & Son
(Address) 628 N. Gilmor

20. FILED JUL 6 - 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum Hemorrhage (Endobirth)	July 3 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation ..... Date of .....

What test confirmed diagnosis? Birth Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.
CORONER

(Address) 509 Cresapton St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37023

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Groudland St. 25-H Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Onufrey Boyko

If U. S. Veteran specify WAR .....

(a) Residence: No. 4401 Groudland St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write this word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Eufrozyna

6. DATE OF BIRTH (month, day, year): June 1868

7. AGE: Years: 69 | Months: 1 | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: On Relief

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Rutenia

FATHER

13. NAME: John Boyko

14. BIRTHPLACE (city or town) (State or country): Biniajova Galicya

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: John Boyko

(Address) 1330 N. Eastern

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Hlo. Date: July 8- 1937

19. UNDERTAKER: George A. Weber

(Address) 725 Lanvale St.

FUNERAL DIRECTOR: [illegible]

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1937 to July 4, 1937

I last saw alive on July 4, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/7/37
Arterio Sclerosis Long Standing	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sam D. Hoffa, M. D.

(Address) 4700 Harrington Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK. If a physician has attended deceased, he should sign certificate and give information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37024 F 37024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Webster St St. 24-H Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Emma Marsh

If U. S. Veteran specify WAR

(a) Residence: No. 1612 Webster St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eli Thatcher Marsh

6. DATE OF BIRTH (month, day, year) May 1 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Webb

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Scaggs

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elsie May Bell

(Address) 1612 Webster St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date July 6 37

19. UNDERTAKER Harry T. Amoss

(Address) 4204 Ridgewood Ave

JUL 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1937

22. I HEREBY CERTIFY, That I attended deceased from June 3 1937 to July 3 1937

I last saw her alive on July 2 1937 Death is said to have occurred on the date stated above, at 9 40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1917
BRONCHOPNEUMONIA	1937 (2 weeks)

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George Silverton M. D.

(Address) 827 Light St.

M. D. B 1268-9

F 37025 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37025

Registered No. 119

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 N. Pine St. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor (Elnora) Harris

If U. S. Veteran specify WAR ...

(a) Residence: No. 315 N. Pine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles McRay

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Lillian Harris

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Chas. McRay
(Address) 213 Cove Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lions Date July 6, 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 Washington Blvd Washington Boulevard, Md.

(Date) JUL 6 - 1937 19 ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1937 , 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry) find that said deceased came
to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) F. C. Allen , M. D.
Coroner

(Address) 2257½ Pine

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37026 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 37026

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 131

CITY OF BALTIMORE: (No. 527 W. Hoffman St., 17-2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas L. Taylor. — If U. S. Veteran specify WAR ...

(a) Residence: No. 527 W. Hoffman St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Lena Taylor

6. DATE OF BIRTH (month, day, year) June 26th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Labor

10. Date deceased last worked at this occupation (month, day, year) July 1937

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Havre de Grace Maryland

MOTHER — FATHER

13. NAME Louis Taylor

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Maranda Burr

16. BIRTHPLACE (city or town) (State or country) Great River Maryland

17. INFORMANT (Address) Mary Lena Taylor, 205 N. Gilmore St.

18. BURIAL, CREMATION, OR REMOVAL Place Arbutus Memorial Date July 6, 1937

19. UNDERTAKER (Address) Mrs. Katie P. Williams 322 S. Schroeder St.

(FILED) JUL 6 - 1937 Huntington Williams, M.D.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 22nd 37

22. I HEREBY CERTIFY, That I attended deceased from May 15th 37 to July 22nd 37

I last saw him alive on July 20th 37 Death is said to have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset 6/10/37

with Generalized Arteriosclerosis — 2 yrs

Nephritis.

Other contributory causes of importance: Overwork, Tuberculosis — Date of onset 6/7/37

and Rheumatism

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation — None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. T. Dennis M. D.

(Address) 527 W. Hoffman St.

F 37027

F 37027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 311 S. Charles St. St., 27-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin Schillinger.

If U. S. Veteran specify WAR .....

(a) Residence: No. 5712 Winner Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Lotta Schillinger.

6. DATE OF BIRTH (month, day, year) November 11, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Schillinger.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Louisa Snyder

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Lotta Schillinger. (wife)

(Address) 5712 Winner Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cem Date July 6, 1937

19. UNDERTAKER Fielhauer & Tilton & Sons

(Address) North & Pennsylvania Ave

FILED JUL 6 1937 19 ..... Registrar

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	4
	12
Other contributory causes of importance	1
	1

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

7/3/37 (Address) 1017 S. Charles St. Coroner

N. B.—WRITE PLAINLY, WITH INK AND IN PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37028 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37028

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2241 W. Balto St. 20-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Herbert Yingling

If U. S. Veteran specify WAR .....

(a) Residence: No. 2241 W Balto St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Yingling

6. DATE OF BIRTH (month, day, year) April 12-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	66	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim adjuster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Transit Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 6

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

FATHER

13. NAME Ephraim Yingling

14. BIRTHPLACE (city or town) (State or country) Carrolls Md

MOTHER

15. MAIDEN NAME Ellen Frazer

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Mrs Emma Yingling

(Address) 2241 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 7 1937

19. UNDERTAKER Wm J Tapscott Sons

(Address) North & Penna

20. FILED ..... 19.....

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937 to July 4 1937

I last saw him alive on July 3 1937 Death is said to have occurred on the date stated above at 1.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	
Other contributory causes of importance:	
Obstructive jaundice	June 1937

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edwin Pleasants M. D.

(Address) 1904 W. Baltimore St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37029

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 E. Federal St., 8-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Rink

If U. S. Veteran specify WAR .....

(a) Residence: No. 1513 E. Federal Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Ella Rink

6. DATE OF BIRTH (month, day, year) March 18th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec Division Balti ore City

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Rink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? Mehler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ella Rink
(Address) 1513 E. Federal Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date July 6th 1937

19. UNDERTAKER J. Snyder & Bro
(Address) Baltimore

20. FILED JUL 6 - 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3rd. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1936 to July 3 - 1937

I last saw him alive on July 3 1937. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	3 yrs. about.
General arterio-sclerosis	

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Geo A Strauss M. D.

(Address) 1800 N Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37030

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hospital St. 2 Ward)

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Aden C. Storm

If U. S. Veteran specify WAR

(a) Residence: No. 706 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed or divorced HUSBAND of ~~WIFE of~~ Elizabeth J. H. Storm

6. DATE OF BIRTH (month, day, year) Oct. 23, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Parker Pearson

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Boonsboro Md

FATHER

13. NAME Mr. Philip Storm

14. BIRTHPLACE (city or town) (State or country) Alsace-Lorraine

MOTHER

15. MAIDEN NAME Miss Catherine Stark

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. Frederick P. Storm
(Address) 3021 Morgan Ave Hamilton, City

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 7 '37

19. UNDERTAKER Sherwood & Sons
(Address) 2129

20. FILED JUL 8 1937 Washington Dillon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937 to July 4, 1937
I last saw h.i.M. alive on July 4, 1937. Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	6/25
Cerebral Angiosfasm	7/3

Other contributory causes of importance:
Benign Prostatic Hypertrophy
Uremia.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Robert H. Steve M. D.
(Address) Union Memorial Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37031

CERTIFICATE OF DEATH

107-a

F 37031

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 N. Fulton Ave 6-4 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Laura A. Esmer

(a) Residence: No. 612 N Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Robt Esmer.

6. DATE OF BIRTH (month, day, year): Feb. 20, 1860

7. AGE: Years 77 | Months 4 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prussia Germany

FATHER

13. NAME: John Kaaz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Henrietta Schewe

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Jas Engle Nelson
(Address) 612 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park July 7 37
Place Date

19. UNDERTAKER: Wm Michael Sons
(Address) North & Pa Ave.

20. FILED 19 Registrar.

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937 to July 4, 1937

I last saw h alive on July 4 1937 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Pneum. Broncho-pneumonia — Date of onset 6/24/37

Other contributory causes of importance:

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Homer G. Todd M. D.

(Address) 735 N. Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37032

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37032

CERTIFICATE OF DEATH

X 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Millie Brenneman

If U. S. Veteran specify WAR

(a) Residence: No. Raynor Ave. St., Landsdowne, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Brenneman

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Cordius Broderick

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Elizabeth Costner

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs. Lillie Leach

(Address) Raynor Ave. Landsdowne, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place 7/8/37 Removal to Penna.

19. UNDERTAKER G. W. Gilbert Son

(Address) Glen Rock Pa.

FILED JUL 6 - 1937 Registrar.

Washington Hollingsworth, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30. 1937. to July 6. 1937

I last saw her alive on July 6. 1937. Death is said to have occurred on the date stated above, at 2.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	June 28 '37
Other contributory causes of importance: Bronchial Pneumonia	July 5 37

Was an operation performed? Yes Date of 7/3/37

For what disease or injury? Intestinal obstruction

Name of operation Enterostomy

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. S. Aycock, M. D.

(Address) University Hospital Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37033 37033

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1634 Bell ave 24-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John P. garrity

If U. S. Veteran specify WAR .....

(a) Residence (No. 1634 Bell Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen M. garrity

6. DATE OF BIRTH (month, day, year) Oct 28 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Patrick garrity

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. McFlynn

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Ino Garrity

(Address) 338 S. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date July 7 1937

19. UNDERTAKER Margaret E. Flynn

(Address) 2100 N. Milton St.

20. FILED ..... 19 .....

Registrar.

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25 1937 to July 4 1937

I last saw him alive on July 4 1937 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3 mos
Other contributory causes of importance:	
Uremia	3 dys

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Liebold M. D.

(Address) 1279 William St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37034

37034

CERTIFICATE OF DEATH

X 518

1. PLACE OF DEATH University Hospital W-2

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Otto R. Heilman

(a) Residence: No. Cockeysville, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Helena Heilman

6. DATE OF BIRTH (month, day, year) March 10th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R. R. 2073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ernest Heilmann

14. BIRTHPLACE (city or town) (State or country) Germany Baden

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Helena E Heilman
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Marys, s Ridgeley Date July 7th 1937

19. UNDERTAKER John Burns Sons
(Address) Towson Md.

20. FILED July 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to July 6 1937

I last saw him alive on July 6, 1937 Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the bladder with metastasis and extensive cachexia — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? Yes Date of May 11, 1937

For what disease or injury? cancer of bladder

Name of operation Electro - Resection

What test confirmed diagnosis? Symptoms Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John A. Myers M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OUT 10 - 1357

F 37035 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37035

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals 26 ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry C. Grindrod If U. S. Veteran specify WAR

(a) Residence: No. 133 Kaighn Ave. Camden N. J. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Oct 23 09

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden N. J.

FATHER

13. NAME Harry S. Grindrod

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Elizabeth Hyatt

16. BIRTHPLACE (city or town) (State or country) Camden N. J.

17. INFORMANT Mrs. Elizabeth Grindrod

(Address) 133 Kaighn Ave Camden

18. BURIAL, CREMATION, OR REMOVAL

Place Camden N. J. Date 7/6 1937

19. UNDERTAKER Wenzel Bros

(Address) 1217 S. Paul Street

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH 240 AM

21. DATE OF DEATH (month, day, year) 7-2 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
shock	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 7-2 1937

Where did injury occur? Eastern & Ellwood Ave's (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Stunt Intersection

Manner of injury Collision c 2 autos.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Luther Bailey Auto Coroner, M. D.

(Address) 907 N. Charles St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VSG

F 37036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37036

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 Broad St. 11-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Morris

If U. S. Veteran specify WAR .....

(a) Residence: No. 922 Broad St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Premature Birth

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 3 1937

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. 20 min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Never Worked at any occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Baby Morris

14. BIRTHPLACE (city or town) (State or country) Africa

MOTHER

15. MAIDEN NAME Catherine Grant

16. BIRTHPLACE (city or town) (State or country) Augusta Me

17. INFORMANT Baker Johns

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place JOHNS HOPKINS MEDICAL SCHOOL JUL 6 - 1937

Commissioner of Health

Per H. A. Moore

19. UNDERTAKER .....

(Address) .....

JUL 6 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 , 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3 , 1937 , to July 3 , 1937 , that I last saw h[illegible] alive on July 3 1937 Death is said to have occurred on the date stated above at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributing causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

22a. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Charles Hinton M. D.

(Address) 922 Broad St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37037

F 37037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Ensor St. 10-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Jones

(a) Residence: No. 813 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	— Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT N. E. Records
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 6 1937

19. UNDERTAKER Elroy O'Brien
(Address) 1000 Hanover Ave

JUL 6 - 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio Vascular Renal Disease	about 1934

Other contributory causes of importance: —

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Nephritis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen M. D.

(Address) 5-9 Marsquette Pl

V S 6

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37038

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hopkins Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 7-5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph R. Baker — If U. S. Veteran specify WAR ____

(a) Residence: No. U.S. Soldiers Home St. Washington D.C. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Baker

6. DATE OF BIRTH (month, day, year) July 14-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Home Hosp

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ohio Unknown

FATHER

13. NAME ____ Unknown

14. BIRTHPLACE (city or town) (State or country) Ohio Unknown

MOTHER

15. MAIDEN NAME ____ Unknown

16. BIRTHPLACE (city or town) (State or country) Ohio Unknown

17. INFORMANT Records (Address) Johns Hop Hosp

18. BURIAL, CREMATION, OR REMOVAL Place U.S.S.H. Cemetary Date 7-9- 1937

19. UNDERTAKER Charles A. Landau (Address) U.S. Soldiers Home Hosp.

20. FILED JUL 6 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest, Autopsy or Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gall Bladder	7-2-37

Other contributory causes of importance: ____

Was an operation performed? Cholecystectomy Date of? 7-3-37

For what disease or injury? Rupt Gall Bladder

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Acc Date of injury 7-2 1937

Where did injury occur? Phila Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Car ran off Road into

Nature of injury Fatal

24. Was disease or injury in any way related to occupation of deceased? ____ If so specify ____

(Signed) Helen Kirby Ayto M. D. Coroner

(Address) 907 N Charles St

JUL 6 1937

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37039

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37039

24494 JS

CERTIFICATE OF DEATH

34 B.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 21-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Hargrove

If U. S. Veteran specify WAR .....

(a) Residence: No. 33 W. Cross St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 12-25-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Hayword

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Della Wilson

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT (Address) B. C. H. Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lyon Date July 6 1937

19. UNDERTAKER Joseph A. Lively

(Address) 1699 W Mount Street

20. FILED 19 Registrar.

JUL 6 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1937, to July 3, 1937.

I last saw h[illegible] alive on July 3, 1937. Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Cervix, syphilis	1935

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Lamatte M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37040

HEALTH DEPARTMENT—CITY OF BALTIMORE

37040

CERTIFICATE OF DEATH

24638 JS.

95-13

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. St., 23-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Andrew Flowers

(a) Residence: No. 902 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sophia Flowers

6. DATE OF BIRTH (month, day, year): ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Basket Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bethel Del.

FATHER

13. NAME: Owen Flowers

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place St Matthews Date July 7 37

19. UNDERTAKER: Lorraine Cook
(Address) 1217 St Paul St

20. FILED JUL 6 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1937, to July 3, 1937

I last saw him alive on July 3, 1937. Death is said to have occurred on the date stated above, at 10.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-28-37
Other contributory causes of importance: Hypertensive cardiovascular disease	Unknown

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

14

37041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37041

Registered No. 1986-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. East ave St. 26 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Horan

If U. S. Veteran specify WAR

(a) Residence: No. 121 N. East St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary L.

6. DATE OF BIRTH (month, day, year): June 24 57

7. AGE: Years 83 | Months | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosk. Order

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50 Yrs

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Patrick Horan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Bridget

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mary J. Horan
(Address) 121 N. East ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 7-6 1937

19. UNDERTAKER: John A Moran
(Address) 3000 E Balto St

20. FILED JUL 6 1937 Registrar.

14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/3/ 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1937 to 7-3 1937

I last saw h[illegible] alive on 7-3 1937 Death is said to have occurred on the date stated above, at 5[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intertrochanteric fracture of femur	4-20-37 2 days
Bronchopneumonia	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/20 1937

Where did injury occur? Home - 121 N. East ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped fell on floor.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C C Brantigan M. D.

(Address) Baltimore City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37042

48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3809 Borman Ave St., 15-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche V. Miller

If U.S. Veteran specify WAR No Record

(a) Residence: No. 3809 Borman Ave St., Ward.

(Usual place of abode) 15 Years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: (or) WIFE of Robert. N.

6. DATE OF BIRTH (month, day, year): May 31-1896

7. AGE: Years 41 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): York Co. Penna

FATHER

13. NAME: Samuel A Yeager

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Sarah Brieckhart

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Robert N. Miller

(Address) 3809 Borman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cemetery York Penna. Date: July 8-37

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5- 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1934 to July 5- 1937

I last saw her alive on July 5 1937. Death is said to have occurred on the date stated above, at 7.30 PM

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Cervix Uteri — Date of onset: 1933

Other contributory causes of importance:

Uraemia

Was an operation performed? NONE Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Gilmason Hundley M. D.

(Address) 622 Medical Arts Bldg. Balto. Md.

JUL 6 - 1937

F 37043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37043

95-B

1. PLACE OF DEATH St. Agnes Hosp

CITY OF BALTIMORE: (No. Wilkins & Caton St. 25-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Florida Rees

If U. S. Veteran specify WAR

(a) Residence: No. Paradise & Altamont Ave St., Ward. Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George G. S. Rees

6. DATE OF BIRTH (month, day, year) Oct 31 78

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Staeckfus

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary L. Merritt

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Geo. G. S. Rees - Husband

(Address) Paradise & Altamont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 7 37

19. UNDERTAKER Albert W Berry

(Address) 440 E north Ave

20. FILED 19 Registrar.

JUL 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-28 1937, to 7-4 1937

I last saw h alive on 7-4 1937 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	6-28-37

Other contributory causes of importance:

Cerebral Hemorrhage

Organic Card. Dis. Years

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37044

F 37044 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1177 Poplar Grove St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME C. Thomas Custis

If U.S. Veteran specify WAR

(a) Residence: No. 1177 Poplar Grove St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Custis

6. DATE OF BIRTH (month, day, year) May 3rd 1880

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
57	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month & year) July 1936

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Parksley Virginia

FATHER

13. NAME Charles C. Custis

14. BIRTHPLACE (city or town) (State or country) Onancock Virginia

MOTHER

15. MAIDEN NAME Adelia Teagle

16. BIRTHPLACE (city or town) (State or country) Parksley Virginia

17. INFORMANT Mrs Margaret M. Custis

(Address) 1177 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park, Date July 7 37

19. UNDERTAKER Joseph Hook

(Address) 1003 N Baltimore St

JUL 7 - 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1937 to July 4 1937

I last saw h alive on July 1st 1937 Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	1932
Myocardial insuff	1933
Cerebral Hemorrhage	7/1/37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Homer L. Todd, M. D.

(Address) 738 N Fulton Avenue

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37045

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 S. Boulden St. St., 26-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albin F. Wozniak

If U.S. Veteran specify WAR .....

(a) Residence: No. 426 S. Boulden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wozniak

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crown Coark Seal Co.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Wozniak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Kowalewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Elizabeth Wozniak
(Address) 426 S. Boulden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 8 37

19. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave.

FILED JUL 7 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1937 to July 5 1937

I last saw him alive on July 5 1937 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left lung.	1935
Diabetes Mellitus	?

Other contributory causes of importance:

Was an operation performed? Bronchoscopy Date of Feb. 1937

For what disease or injury?

What test confirmed diagnosis? Clinical + Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George S. Fisher M. D.

(Address) 437 S. Patterson Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37046 HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 37046

CERTIFICATE OF DEATH 23292--C.K.

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 23-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Holmes

If U. S. Veteran specify WAR

(a) Residence: No. 63 W. West St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/4/1889 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~48~~ 46	-------	-- ----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Hezekiah Holmes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eujenia ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records of B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 8 1937

19. UNDERTAKER Jamieson & Sons
(Address) 142 W. Lee St

JUL 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to July 4, 1937

I last saw him alive on July 4, 1937 Death is said to have occurred on the date stated above, at 3.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardiovascular disease	1933
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) H. A. DeSanctis M. D.

(Address) Baltimore City Hospitals.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

330452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37047 ✓ F 37047

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL — Registered No. 12-453-C

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Northington — If U. S. Veteran specify WAR .....

(a) Residence No. 2330 Guilford ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alease.

6. DATE OF BIRTH (month, day, year) 2-28-94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trackman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Ephriam Northington

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Anne Hadson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL [illegible], Va. Date July 7, 1937

19. UNDERTAKER Grandy Vehrs, Pat A. Elliott daughter (Address) 112 E. N. Caroline St

20. FILED ..... 19..... [illegible], Md.

JUL 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937 to July 3, 1937

I last saw him alive on July 3, 1937. Death is said to have occurred on the date stated above, at 355A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobular Pneumonia	6-28-37
Other contributory causes of importance:	
Operative Removal Brain Tumor	1935(?)

Was an operation performed? Yes Date of June 21, 1937

For what disease or injury? Brain Tumor

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY. PHYSICIAN should

F 37048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37048

CERTIFICATE OF DEATH

347-83

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 6-5 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 111 N. Bond St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William Adams

6. DATE OF BIRTH (month, day, year): ? ? 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: William Johnson

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Lucille ?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem't Date July 9th 1937

19. UNDERTAKER: Elroy Gilchrist

(Address) 1000 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

JUL 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937, to July 6, 1937

I last saw her alive on July 6, 1937. Death is said to have occurred on the date stated above, at 6-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	May 1937
Other contributory causes of importance:	
Cystitis	7-1-37

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation Clinical

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. A. De Santelle M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37049

CERTIFICATE OF DEATH

V186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Marion Schwarze

(a) Residence: No. 118 S. Durham St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 15 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Schwarze

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Ritter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary Schwarze
(Address) 118 S. Durham St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 8, 1937

19. UNDERTAKER Wm. Cahn & Co. Inc.
(Address) 32 S. Gay St.

20. FILED JUL 7 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Transverse Myelitis	
Other contributory causes of importance: Fracture Cervical vertebra	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/6/ 1937

Where did injury occur? X Middle River Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Diving into Water

Nature of injury Shallow water.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul Schnitker, M. D.
Coroner

(Address) 1412 E. North Ave.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

F 37050 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37050

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Fremont ave St.) 17-3 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jack Martin

If U.S. Veteran specify WAR .....

(a) Residence: No. 515 N. Fremont ave St., ... Ward. South Carolina

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Samuel Martin

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Prue Martin

(Address) 515 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Calvary Cem Date 7/7/ 1937

19. UNDERTAKER Frances A. Blemley

Address 578 W. Biddle St.

20. FILED JUL 7 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22nd 1937 to July 4th 1937

last saw h[illegible] alive on July 4th 1937 Death is said to have occurred on the date stated above, at 11.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	6/22/37
Other contributory causes of importance: Chronic Bronchitis	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Guyton M. D.

(Address) 512 N. Arlington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37051

Dohler

F 37051

M. D. R. 1758-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St. Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary O. Dobler

(a) Residence: No. 1736 E. Lombard St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~late WIFE of~~ Wm. T. Dobler

6. DATE OF BIRTH (month, day, year) March 15, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home.

10. Date deceased last worked at this occupation (month and year) At present

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Lewis Zachow.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Daughter. Mrs Wm Dobler
(Address) 1724 E. Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date 7/8/ 1937

19. UNDERTAKER J. Heyman & Son
(Address) 32 S. Broadway

20. FILED ... 19... Registrar.

7-1937 Easton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6/ 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937 to July 6th 1937.
I last saw her alive on July 6 1937. Death is said to have occurred on the date stated above, at 2:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic-Poisoning.	July 4 1937
Arteriosclerosis.	
Senility.	

Other contributory causes of importance:
Hernioplasty.
Senility.

Name of operation Herniorraphy. Date of June 30.

What test confirmed diagnosis? Bl-chem. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Wesley E. Lee M. D.
(Address) Church Home & Hosp

INSTRUCTIONS.—Information required should be entered carefully and completely. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 37052

HEALTH DEPARTMENT—CITY OF BALTIMORE

37052

CERTIFICATE OF DEATH 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 142 S Culver St. 20-7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry E Cann

(a) Residence: No. 142 S Culver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Cann

6. DATE OF BIRTH (month, day, year): May 14 1891

7. AGE: Years 46 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Br & RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER—FATHER

13. NAME: James E Cann

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Minnie A Schultz

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Margaret Cann 142 S Culver

18. BURIAL, CREMATION, OR REMOVAL: Fresnmount Cem 7/9/37

19. UNDERTAKER (Address): Geo A Engel Upton & Fayette

20. FILED: Lington Matthews, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1936 to July 5, 1937

I last saw h.. alive on July 5, 1937 Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac & Respiratory failure — Date of onset

Other contributory causes of importance: Chr Valvular Heart Disease

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. Wallenstein M. D.

(Address) 2042 Eutaw Pl

JUL 7 - 1937

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37053

CERTIFICATE OF DEATH

23 F 37053

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital, Bldg St. 27-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lafayette Peele

If U. S. Veteran specify WAR .....

(a) Residence: No. 3329 Belvedere Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If married, widowed, or divorced
HUSBAND of BERTIE BROWN PEELE
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57 years	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Trust Co.
10. Date deceased last worked at this occupation (month and year) July 1936
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) NORTH CAROLINA
(State or country)

FATHER

13. NAME Lafayette Lycurgus Peele
14. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER

15. MAIDEN NAME Margaret Brown
16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Daughter Julia Peele Love
(Address) 3329 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemty Date July 8 1937

19. UNDERTAKER H. Armacost
(Address) 1204 Ridgewood Ave

20. FILED JUL 7 - 1937 [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1937 to July 6, 1937
I last saw him alive on July 6, 1937. Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Tuberculosis of Genito Urinary System	
Tuberculous ulcers of mouth	

Other contributory causes of importance:

Tuberculous ulcers of mouth caused intestin	

Was an operation performed? Yes (5) Date of Oct 7/37 Sept 2/36

For what disease or injury? Th epididymis Th kidney Tb abscess groin

Name of operation Epidymectomy Nephrectomy Cystoscopy

What test confirmed diagnosis? Microscopic Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) E. T. Lisansky M. D.
(Address) Mercy Hospital

Lisansky

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37054

CERTIFICATE OF DEATH

23 F 37054

(5)

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 516 Hanover St. 22-1 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 6 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis E. O'Hara — If U. S. Veteran specify WAR (World)

(a) Residence: No. 516 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ramona O'Hara

6. DATE OF BIRTH (month, day, year): Dec 24 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 5 yrs.

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Francis O'Hara

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Do not know

16. BIRTHPLACE (city or town) (State or country): Do not know

17. INFORMANT (Address): Ramona O'Hara 1505 Johnson St

18. BURIAL, CREMATION, or REMOVAL — Place: U.S. National Cem. Date: July 8 1937

19. UNDERTAKER (Address): A. Haupt Sons 1400 Eutaw St

20. FILED: [illegible], M.D. Registrar.

JUL 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/4, 1937 to 7/5, 1937

I last saw him alive on 7/4, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Chronic)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David Brumbaugh, M. D.

(Address) 1222 Linden Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37055

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Fleet St. St., 1-4 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN GEORGE ALBERT EBERLE

If U. S. Veteran specify WAR

(a) Residence: No. 2227 Fleet St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, year) Nov. 4. 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George A. Eberle

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna B. Damm

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Geo. A. Eberle (Father)

(Address) 2227 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

First Evangelical Cem. July 7 1937

Place Date

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED JUL 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30 1937 to July 4 - 1937

I last saw him alive on July 4 1937. Death is said to have occurred on the date stated above, at 4.15p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	H Day

Other contributory causes of importance:

Cardiac Failure	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. D. Reese M. D.

(Address) 400 E Pat Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37056

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37056

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 Laurens St., 16-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Williams

(a) Residence: No. 1123 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — ~~HUSBAND of~~ (or) WIFE of: John Williams

6. DATE OF BIRTH (month, day, year): May 1 1891

7. AGE: Years 46 | Months 2 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Lewis Williams

14. BIRTHPLACE (city or town) (State or country): Virg.

MOTHER

15. MAIDEN NAME: Annie McPherson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Samuel Freeman (Sister) 1123 Laurens St

18. BURIAL, CREMATION, OR REMOVAL: Place Arbutus Memorial Park 7/8/37

19. UNDERTAKER (Address): Robert L. Young 814 W. Caroline St.

20. FILED: JUL 7 1937 Lexington Williamson, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30 1937 to July 4 1937

I last saw h.. alive on July 4 1937. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	June 30 1937
Other contributory causes of importance: Bronchs - Pneumonia	July 3 1937
Hypertension due to arterio-sclerosis	

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37057 HEALTH DEPARTMENT—CITY OF BALTIMORE 37057

CERTIFICATE OF DEATH

181-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. CITY HOSPITAL St., 66-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME JULIA F. FRIESS

(a) Residence: No. 3404 MUELLER ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) MAY 21 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME JOHN FRIESS

14. BIRTHPLACE (city or town) (State or country) KENTUCKY

MOTHER

15. MAIDEN NAME TERESA BRUTSCHER

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT JOHN FRIESS (FATHER)

(Address) 3404 MUELLER ST.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 8, 19 37

19. UNDERTAKER Tully & Sadler Sons & Brother

(Address) 401 S. Eutaw St.

FILED JUL 7 - 1937 Washington Williamsport, Md.

V S 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 5, 19 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st & 2nd degree burns of body	

Other contributory causes of importance: Toxemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 7/1/37, 19 37

Where did injury occur? 3404 Mueller St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Dress caught on fire

Nature of injury while lighting a gasoline

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken Coroner, M. D.

(Address) 1712 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

37058 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37058

CERTIFICATE OF DEATH

X 948

1. PLACE OF DEATH Church Home Hospital 6-5 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Silas Griffith

(a) Residence No. Joppa, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81 79	0	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER
13. NAME Thos. Griffith
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Mary Ann Mead
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret Anderson
(Address) Joppa, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Union Chapel, Md. Date July 10 1937

19. UNDERTAKER E. R. McCagg
(Address) Edgewood, Md.

20. FILED Huntington Williams, Reg.

JUL 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5 1937 to July 6 1937
I last saw him alive on July 6 1937 Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Laryngospasm, secondary II Fungous arteriosclerotic dilatation of the aorta.	

Other contributory causes of importance:

Generalized arteriosclerosis Coronary sclerosis	

Name of operation Tracheotomy Date of July 6

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Egerton H. Norwood M. D.
(Address) Church Home & Infirmary

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37059

CERTIFICATE OF DEATH

119 24389--EF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mus. ds.

2. FULL NAME Baby Boy Wroblewski(Roblewski)

If U. S. Veteran specify WAR

(a) Residence: No. 710 S. Pond St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-14-1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospitals

FATHER

13. NAME Andrew Wroblewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophie Lenbick

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Placed in an incinerator Date 7-6-37

19. UNDERTAKER

(Address)

20. FILED JUL 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 . 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-14 . 1937 to 7-5 . 1937

I last saw h.. alive on July 4 . 1937. Death is said to have occurred on the date stated above, at 6.42 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Diarrhea	6-14

Other contributory causes of importance:

Pneumonia	6-14

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Campbell Gordon, M. D.

(Address) Balt. City Hosp.

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Each statement in OCCUPATION is very important. See instructions on back of certificate.

23822 B

F 37060 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 37060

CERTIFICATE OF DEATH

98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Wilson

If U. S. Veteran specify WAR

(a) Residence: No. In-As-Much-Mission, 604 W. Saratoga St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-25-1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	71	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Bartlett

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JUL 7 - 1937
Commissioner of Health
Per H. A. Moore

19. UNDERTAKER
(Address)

20. FILED JUL 7 - 1937 Registrar

3337

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1937 to 7-2 1937

I last saw h.. alive on 2nd July 1937 Death is said to have occurred on the date stated above, at 12.28 p.m.

The principal cause of death and related causes of importance, were as follows:

	Date of onset
Arteriosclerotic gangrene of left leg.	1 ...
Broncho-pneumonia	2 days
Other contributory causes of importance: arteriosclerosis generalized	

Was any operation performed? yes Date of 6-14-37

For what disease or injury? Gangrene left leg

Name of operation mid-thigh amputation

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) C. E. Brantigan M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 37061

37061 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md. Gen. Hospital 15-8 127 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary E. Meiser If U.S. Veteran specify WAR .....

(a) Residence: No. 2611 Harrison Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Harry F. Meiser

6. DATE OF BIRTH (month, day, year) Aug 24-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward A. Pippen

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harry F. Meiser

(Address) 2611 Harrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date July 8th 37

19. UNDERTAKER Jos. H. Valentine

(Address) 2326 Aisquith St.

20. FILED ..... 19 ..... Registrar

JUL 7 - 1937 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-3 1937 to 7-5 1937

I last saw h[illegible] alive on 7-5 1937 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute obstruction	7-1-37

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jerome Feldman M. D.

(Address) Maryland Gen'l Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37062

37062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Levin Hospital St. 22-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 20 yrs. ... mos. ... ds.

2. FULL NAME Louis Geber

If U. S. Veteran specify WAR no

(a) Residence: No. 531 Sharp St. St., ... Ward. Baltimore Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ethel Geber.

6. DATE OF BIRTH (month, day, year) ~~1862~~ 3-15-87

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sol Louis Geber

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mrs. Ethel Sheer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Benjamin Geber (Son)

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Krug Woodside Date 7/7 1937

19. UNDERTAKER Jack Levin

(Address) 943 E. Baltimore St.

20. FILED ... 19 ... Registrar

L7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1937 to July 7, 1937

I last saw him alive on July 7, 1937. Death is said to have occurred on the date stated above, at 5:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal Hernia	July 6
Peritonitis	July 6

Other contributory causes of importance:

Was an operation performed? Yes Date of July 6

For what disease or injury? Strangulated Hernia

Name of operation Resection of gangrenous Ileum Lig. & Sut. Anastomosis Herniaplasty

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. H. Edelman, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+161-a F 37063

1. PLACE OF DEATH (City) [redacted] Registered No.

CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Spriggs

If U.S. Veteran specify WAR .....

(a) Residence: No. Cedar Hill, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Aa	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-5-37

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Spriggs

14. BIRTHPLACE (city or town) (State or country) [redacted] Centerville Md.

MOTHER

15. MAIDEN NAME Sarah Howard

16. BIRTHPLACE (city or town) (State or country) Brooklyn Md.

17. INFORMANT Sarah Spriggs
(Address) Cedar Hill Md.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL JUL 7 - 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED [redacted]

L 7-1937

3338 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5- , 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-5- , 1937 , to 7-5- , 1937

I last saw him alive on 7-5- , 1937 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis neonatorum	7-5-37

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Pendleton M. D.

(Address) Provident Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37064

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 W. Hoffman St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Willie Burton.

If U. S. Veteran specify WAR .....

(a) Residence: No. 504 W. Hoffman St., ... Ward. Clinton, S.C.

(Usual place of abode) (If non-resident give city or town and State)

to reside

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Color	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE 55 Years	Months 10	Days 14	If LESS than 1 day, ... hrs. or ..... min.
	aug-	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. labor.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME Dan Burton.

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mrs. Josephine Rice.

(Address) 504 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Clinton S.C. Date July 11 37

19. UNDERTAKER Holmes Funeral Home

(Address) 2 S. Eutaw St.

20. FILED July 12 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2 1937 to July 6 1937

I last saw him alive on July 6 1937. Death is said to have occurred on the date stated above at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	July 2 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

FILED JUL 12 1937

F 37065

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37065

CERTIFICATE OF DEATH 24582 JS

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 2748 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Babett E Ruisinger

If U. S. Veteran specify WAR .....

(a) Residence: No. 3501 Lucille Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William

6. DATE OF BIRTH (month, day, year) 1-8-1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Thomas Mathews

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Oliss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Calvary Cemetery. N.Y. N.Y. Date 7/9 19 37

19. UNDERTAKER Vernon Lenumen
(Address) 7611 Park Heights

20. FILED 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937, to July 5, 1937.

I last saw her alive on July 5, 1937. Death is said to have occurred on the date stated above, at 8:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	April 1937
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. A. de Lautelle, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

F 37066 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 37066

CERTIFICATE OF DEATH 18939--M.B.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-3 Ward) Registered No. 34-J-95-B

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mario Kuzma If U. S. Veteran specify WAR

(a) Residence: No. 620 S. Belnord Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Winnis (D)

6. DATE OF BIRTH (month, day, year) 8/18/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Michael Kuzma

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Beras

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records of Baltimore City Hospt
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 9 1937

19. UNDERTAKER Frank Lvach Dalon
(Address) 190 Ashland Ave.

20. FILED 19 Registrar.

JUL 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1936 to July 6 1937

I last saw her alive on July 6 1937 Death is said to have occurred on the date stated above, at 1.43 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	4 yrs.
Other contributory causes of importance	
Cerebral Hemorrhage	1 yr. ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wade Guntelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

✓ F 37067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37067 X 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital 9-9 (Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James A. Tippens

(a) Residence: No. ... Raspburg md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 18-1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paden City W. Va.

FATHER

13. NAME Robert A Tippens

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Vera Beaver

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Parents
(Address) Raspburg. md.

18. BURIAL, CREMATION, OR REMOVAL
Place Paden City, W. Va. Date 7/8 1937

19. UNDERTAKER John G. Connelly
(Address) Essex md.

20. FILED ... 19... Registrar

JUL 7 1937 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30 1937 to July 6 1937

I last saw him alive on July 6 1937. Death is said to have occurred on the date stated above, at 8 50/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro. enteritis (Diarrhea) (Cause Unknown)	10 days
Other contributory causes of importance: Malnutrition	?
Nutritional Anemia	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Frank R Stephenson M. D.

(Address) St. Jos Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37068

F 37068 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No. 20-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME George Broglie

(a) Residence: No. 2756 Wilkens ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 13, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George Broglie

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Nellie Ensey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Nellie Broglie
(Address) 2756 Wilkens ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 8th 1937

19. UNDERTAKER A. Jones & Son
(Address) 111 S. Eutaw St.

20. FILED Huntington Williams, Registrar
L 7 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbolic acid poisoning	

Other contributory causes of importance: —

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7/3/37

Where did injury occur? 2756 Wilkens ave. Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Swallowed Carbolic acid

Nature of injury Lung period temporary insanity

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul Ackenheil Coroner, M. D.

(Address) 1919 E. North ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37069

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Milton R L Selby

If U. S. Veteran specify WAR .....

(a) Residence: No. 788 W Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4-1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years, spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME M'Henry Selby

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Smead

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary E Jenkins

(Address) 788 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 7/8 1937

19. UNDERTAKER Boyd & Jackson

(Address) 916 N Fremont Ave

20. FILED 7-7-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1937

22. I HEREBY CERTIFY, That I last attended the deceased from June 3 1937 to June 24 1937 that I last saw ... alive on June 24 1937 and that death occurred on the date stated above.

Autopsy (Inquest, Autopsy or Inquiry) and from the evidence obtained by Autopsy (Inquest, Autopsy or Inquiry) I believe that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of heart	June 24 1937

Other contributory causes of importance: ...

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury June 24 1937

Where did injury occur? 1021 McCulloh St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Was stab with a

Nature of injury paring knife 5 in long

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) George L. Allen M. D.

(Address) 507 Cresmont St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 37070

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 37070

1. PLACE OF DEATH

County — City Baltimore

Registration Dist. No. 9-3

Village or City Elizabethan apt. No. 15-8 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ethel C. Fout

If U. S. Veteran, specify WAR

(a) Residence: No. Belmont Ave & Harrison St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) Oct 20 1877

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	59	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewistown

(State or country) Md.

FATHER

13. NAME Otho D. Fout

14. BIRTHPLACE (city or town) Frederick

(State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (city or town) Lewistown

(State or country)

17. INFORMANT Mrs Frank Schmoll.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Private

Place Frederick Md. Date July 10 1937

19. UNDERTAKER J B Beall Funeral Parlors Frederick Md

(Address)

FILED JUL 7 - 1937 19 Washington & Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 7 (Day) 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 37 19 to July 7 19 37

I last saw her alive on July 4 19 37; death is said to have occurred on the date stated above, at 4 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	Jan 1937
Arterio-sclerosis	1932
Hypertension	1932
Cerebral hemorrhage and paralysis	July 7/37
Other Contributory Causes of importance:	
arterio-sclerosis	1932
Myocarditis	Jan 1937

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter S Gibbs M.D.

(Address) 2220 Harrison Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

E 37071

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37071

CERTIFICATE OF DEATH 24365--CM

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. 18-3 Ward)

Length of residence in city or town where death occurred 57yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME George Schmidt

(a) Residence: No. 1221 Hollins St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. ~~If married, widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Matilda P. Schmidt

6. DATE OF BIRTH (month, day, year) 3-11-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Geo. Schmidt, Sr.,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Adams

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 9th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUL 8 - 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, to July 6, 1937.

I last saw h[illegible] alive on July 6, 1937. Death is said to have occurred on the date stated above, at 9.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1932
Carcinoma of stomach	Unknown

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 37072

37072 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Jos Hospital 9-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Vet. specify War No Record

2. FULL NAME Nora E Funk

(a) Residence: No. 1423 N Central St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of Edw H. Sr.

6. DATE OF BIRTH (month, day, year) Mar 30 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 7/6/37

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Neale Hildebrand

14. BIRTHPLACE (city or town) (State or country) Hamstead Md

MOTHER

15. MAIDEN NAME Wilhelmina Strauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Laurence L Fink

(Address) 1423 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Union Meth Date 7/9 1937

19. UNDERTAKER William Cook

(Address) 1017 St Paul St

20. FILED 19 Registrar

JUL 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichloride of Mercury poisoning	
Other contributory causes of importance: acute nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Suicide Date of injury 6/30 1937

Where did injury occur? 1423 N. Central Ave. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed Tablets

Nature of Injury Bichloride of Mercury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1412 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

37073 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 37073

CERTIFICATE OF DEATH

J124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univercity 7705 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 0 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mary Allen

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 3022 Baker St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Samuel C. Allen

6. DATE OF BIRTH (month, day, year) Jan 28th 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84 83	0 5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bridgeton N. J.

FATHER

13. NAME Thomas Rocap

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Rebecca Rocap

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Mrs Foard

(Address) 3022 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Beatrville Md Date July 9th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar .....

JUL 8 - 1937 Registrar

JUL 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937, to July 6, 1937

I last saw her alive on July 6, 1937 Death is said to have occurred on the date stated above, at 8 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Unknown
Exophagea Junction	"
Bronchopneumonia	July 3 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George H Kamp M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37074 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37074

CERTIFICATE OF DEATH ✓ 23868 JS 34-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 23 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hall Johnson If U. S. Veteran specify WAR

(a) Residence: No. 230 W. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Johnson

6. DATE OF BIRTH (month, day, year) 1-12-~~1893~~ 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47 ~~53~~	8 5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gr Pa
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Dock D)
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Esther Grey
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7/8/37 19

19. UNDERTAKER Isaiah L Brownston
(Address) 108 N. Montgomery St

20. FILED ... 1937 Clayton Whitaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 1937 to July 4 1937

I last saw him alive on July 4 1937 Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular disease	1935

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Santalla M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

F 37075

F 33745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 13-6 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Lipscomb

If U. S. Veteran specify WAR

(a) Residence: No. 3449 Roland Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1/19/97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Lipscomb

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret Morris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL London Park Date July 8, 1937

19. UNDERTAKER Walter McNamee (Address) Forest Road

20. FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937 to July 6, 1937

I last saw him alive on July 5, 1937 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	6-28-37
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Elizabeth H. Iliff, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37076

CERTIFICATE OF DEATH ✓ 149-B-124B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 13-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leola M. Sherman. If U. S. Veteran specify WAR .....

(a) Residence: No. 3601 Cairnes Lane. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 18, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Sherman.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ella Bowen.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ella Sherman. (mother)
(Address) 3601 Cairnes Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 9, 1937

19. UNDERTAKER Clemons & Son.
(Address) 3615 Pennsylvania Ave.

20. FILED July 7, 1937 R. Englar Whitaker, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confinement.	
Pulmonary Embolism.	
Fatty degeneration of the liver.	

Other contributory causes of importance:

Was an operation performed? Delivery Date of 7/5/37

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. M. Reinecke, M. D. Coroner

7/7/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

No. B 37077 — Ex Ham - Harris

B 37077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93 e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Mt. Holly St. St., 15-9 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR .....

2. FULL NAME Harvey S. Cohee

(a) Residence: No. 2202 Mt. Holly St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha W Cohee.

6. DATE OF BIRTH (month, day, year) Oct 19, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Transit.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME William Cohee

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sally Griffith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha W. Cohee

(Address) 2202 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn. Date July 10, 1937

19. UNDERTAKER C Raymond & Son.

(Address) 3615 [illegible]

Lexington Williams, M.D.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above. 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Garner M. D. Coroner

(Address) 12 E Mt Vernon Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 37078

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37078

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Johns Hopkins Hospital St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Stanley

If U. S. Veteran specify WAR.

(a) Residence: No. 1128 S. Linwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-6-37

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Stanley

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Pauline Duraczynski

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 7/8 19 37

19. UNDERTAKER John J. Pugh
(Address) 1281 Hudson St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 1937 to July 7 1937

I last saw h.. alive on July 7, 1937 Death is said to have occurred on the date stated above, at 7:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	7-6-37
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) E. W. Overpeck, M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

L 8 - 1937

3L

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37079 — CERTIFICATE OF DEATH — 34-7-131 F 37079

1. PLACE OF DEATH University Hospital 4 2 — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Coleman — If U. S. Veteran specify WAR .....

(a) Residence: No. 661 W. Fayette St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced — HUSBAND of (or) WIFE of James Coleman

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Lena Wilmore

16. BIRTHPLACE (city or town) (State or country) Eastern Shore

17. INFORMANT Lena Tingley (Address) 1000 Booth Street

18. BURIAL, CREMATION, OR REMOVAL Place W. Fellowship Cem. Date 7-7 1937

19. UNDERTAKER Pelts & Sons (Address) 1 Fellowship Rd

JUL 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5-37 . 19

22. I HEREBY CERTIFY, That I attended deceased from 6-5-37 . 19 . to 7-5-37 . 19

I last saw h.. alive on 7-5-37 . 19 . Death is said to have occurred on the date stated above, at 1 45p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	unk
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Feinblatt Walter M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23 F 37080

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 W. West St. St. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lula Lane.(c)

(a) Residence: No. 35 W. West St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Walter Lane.(c)

6. DATE OF BIRTH (month, day, year) July 30, 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Charles Crews.(c)

14. BIRTHPLACE (city or town) (State or country) North Carolina.

MOTHER

15. MAIDEN NAME Bettie Heggie.(c)

16. BIRTHPLACE (city or town) (State or country) North Carolina.

17. INFORMANT Walter Lane.(c)husband.

(Address) 35[illegible] W. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date July 8 19 37

19. UNDERTAKER Walter R. Spriggs

(Address) [illegible] Hamburg St

20. FILED

JUL 8 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1937. 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said inquiry find that said deceased came (Inquest, Autopsy or Inquiry)

to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

7/7/37 (Address) 1017 S. Charles St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Ham F 37081

M. D. B 1268-9

F 37081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. B. G. Hospital Ward 14-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Gould

(a) Residence: No. 1727 Penna ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie Gould

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Katie Gould

(Address) 1727 Penna ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Herring Ry Date July 8 1937

19. UNDERTAKER Louis Fine

(Address) 1939 E. Baltimore St

20. Filed JUL 8 1937 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described thereon and from the evidence above, held an (Inquest, Autopsy or Inquiry) find that said deceased came obtained by said (Inquest, Autopsy or Inquiry) to death on the day stated above.

The principal cause of death and related causes of importance were as follows: 11 02 pm

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph Carr Coroner M. D.

(Address) 215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 8 1937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37082

CERTIFICATE OF DEATH ✓ 161-a F 37082

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Simpson St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Moore

(a) Residence: No. 2820 Simpson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6th 1937

7. AGE	Years	Months	Days	If LESS than 1 day 12 hrs. or ... min.
	0			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Moore

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Boston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert Moore
(Address) 2820 Simpson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 7-8 ... 1937

19. UNDERTAKER Byron & Mamie D. Knight
(Address) 218 McCulloh St

... 19 ... Huntington & Williams

JUL 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 ... 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 ... 1937 to July 7 ... 1937
I last saw him alive on July 7 ... 19 ... Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

I saw, specify ...

(Signed) Jas. D. Julian M. D.

(Address) 424 E 23rd St.

OCCUPATION is very important. See instructions on back of certificate.

F 37083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82-2 F 37083

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital E-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gilbert Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. 1610 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 26, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	37	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meyer Thalheimer Stationers

10. Date deceased last worked at this occupation (month and year) about July 2-37

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Randolph Moore

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Edna Schmidt
(Address) 1610 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 9, 1937

19. UNDERTAKER Milton Schilling
(Address) 1122 E. Monument St

JUL 8 - 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937 to July 6, 1937

I last saw him alive on July 6, 1937. Death is said to have occurred on the date stated above, at 3 15/60 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Cerebral Hemorrhage	7-4-37
Other contributory causes of importance: —	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Frank B. Stephenson M. D.
(Address) St. Joe's Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 37084

F 37084 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1708 Darley Avenue St. 8-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME HENRY M. SCHAFFER

(a) Residence: No. 1708 Darley Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret E. Schaffer

6. DATE OF BIRTH (month, day, year) April 30, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Grabel Schaffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Margaret E. Schaffer, 1708 Darley Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery July 9, 1937

19. UNDERTAKER Chas J. Evans & Sons
(Address) 1711 E. Monument Ave

20. FILED JUL 8 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to July 6, 1937

I last saw h... alive on July 5, 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance: Diabetes + Arterio Sclerosis

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....

(Signed) [illegible] M. D.

(Address) 470 Hartford Road

OCCUPATION is very important. See instructions on back of certificate.

37085 F 37085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 810 N. Streeper St., 7-1 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan A. Thomas
If U. S. Veteran specify WAR .....
(a) Residence: No. 810 N. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard Thomas

6. DATE OF BIRTH (month, day, year) April 15 - 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	2	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME Taylor Berenger
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Virginia Eckhart
16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Howard Thomas
(Address) 810 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date July 8 1937

19. UNDERTAKER C. Miller & Son
(Address) 2334 Jefferson St.

20. FILED ..... 19 ..... Clayton Williams A.C.
JUL 8 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937 to July 5, 1937
I last saw h[illegible] alive on July 3, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerating carcinoma of cervix	3/1/37
Other contributory causes of importance carcinoma of body of uterus hypertension,	

Was an operation performed? no Date of .....
For what disease or injury? .....
Name of operation .....
What test confirmed diagnosis? clinical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify .....
(Signed) L. C. Sobieski, M. D.
(Address) 447 N. Kenwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

37086 E 37086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Park ave St. 11-2 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Miles Jordan Berkley

If U. S. Veteran specify WAR

(a) Residence: No. 1305 Park ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr Henry L. Berkley

6. DATE OF BIRTH (month, day, year): Sept 16 1872

7. AGE: Years 64 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S. C.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Grewell

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Dr. Henry L. Berkley

(Address): 1305 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Cem. Date: 7/8/37

19. UNDERTAKER: John T. Mitchell & Sons

(Address): 1900 Eutaw Place

20. FILED: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1935 to July 6, 1937

I last saw h.er alive on July 6, 1937 Death is said to have occurred on the date stated above, at 9.30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma, metastatic, generalized. — Date of onset

Other contributory causes of importance:

Was an operation performed? 1920 Date of

For what disease or injury? Carcinoma of breast

Name of operation: Complete breast dissection

What test confirmed diagnosis? Micro. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John T. King Jr. M. D.

(Address) 1210 Eutaw Place Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

JUL

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37087

CERTIFICATE OF DEATH

1407-aF 37087

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Hinans Way St. 28-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth 68 yrs. 9 mos. 10 ds.

2. FULL NAME Mary Louise Whitby

If U. S. Veteran specify WAR NONE

(a) Residence: No. 719 Hinans Way St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James L Whitby

6. DATE OF BIRTH (month, day, year): Sept 26 1848

7. AGE: Years 88 | Months 9 | Days 10 | If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Elkton Md

FATHER

13. NAME: Dr. William T. Jones

14. BIRTHPLACE (city or town) (State or country): Elkton Md

MOTHER

15. MAIDEN NAME: Mary T. Frawley

16. BIRTHPLACE (city or town) (State or country): Caroline Co Md

17. INFORMANT: Mrs C. Emory Milton (daughter)

(Address) 719 Hinans Way

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: July 9 1937

19. UNDERTAKER: Gaunt Mortuary Co.

(Address) 1618 W. Baltimore St.

20. FILED: JUL 8 - 1937

Huntington Pittman, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 12 1932 to July 6 1937

I last saw h[illegible] alive on July 6 1937 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis (generalized)	

Other contributory causes of importance:

pulmonary infarct	3/18/37
Broncho pneumonia	7/3/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Tracy T Kump, M. D.

(Address) 3030 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37088 CERTIFICATE OF DEATH 95-3 F 37088

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2417 E Hoffman St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. if of foreign birth 92 yrs. 9 mos. 12 ds.

2. FULL NAME Hiram Newton Williams Civil War Veteran

(a) Residence: No. 2417 E Hoffman St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Belle Williams

6. DATE OF BIRTH (month, day, year) Sept. 25, 1845

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
91 92	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not working

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 2nd

12. BIRTHPLACE (city or town) Lansing
(State or country) Michigan

FATHER

13. NAME Daniel Williams

14. BIRTHPLACE (city or town) Wales
(State or country)

MOTHER

15. MAIDEN NAME Mary Not Known

16. BIRTHPLACE (city or town) Michigan
(State or country)

17. INFORMANT Clara M. Graham
(Address) 62 Pentz Ave Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baker Cem. Mayo Md. Date July 10 1937

19. UNDERTAKER Elwood Moore Co.
(Address) 1234 Madison Ave

20. Filed 1937 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY That I attended deceased from Feb. 2 1937 to July 7 1937

I last saw him alive on July 4 1937 Death is said to have occurred on the date stated above at 10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Feb. 1937

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Paul Leonard, M. D.

(Address) 121 N. Patterson Park Ave

37089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37089

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No.) St. 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phyllis Silverman

(a) Residence: No. 1361 N. Calhoun St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lewis Silverman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Susie Foster

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Fay Silverman

(Address) 1361 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus cem Date 7-9-37

19. UNDERTAKER George H. Kelson

(Address) 1303 Presstman st

Filed JUL 9 - 1937 Registrar

V S 6

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. 5:52 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Hemorrhage in Abdominal Cavity.	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/5, 1937

Where did injury occur 1361 N. Calhoun St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Stabbed with pen knife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

Coroner

(Address) 12-15 Hanover

F 37090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37090

46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil apts St. 11-t Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jessie Lee Jones

(a) Residence: No. Cecil Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William H Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Emma Beatson

16. BIRTHPLACE (city or town) (State or country) Sheffield England

17. INFORMANT brother Mr Ernest Jones

(Address) Cecil Apts

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date July 9 1937

19. UNDERTAKER Chas. G. Black

(Address) 142 E. Worthington ave.

20. FILED JUL 8 - 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3 1937 to July 7 1937

I last saw h[illegible] alive on July 7 1937 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1935

Other contributory causes of importance:

none

Was an operation performed? yes Date of May 1936

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy Date of May 1936

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Francis W. Glurz M. D.

(Address) Gilman apts

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. P. 1268-9

F 37091

F 37091 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 N. Saratoga St. 18-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zelma Johnson

(a) Residence: No. 1033 N. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER | FATHER

13. NAME albert Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mamie Walker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT albert Johnson
(Address) 1033 N. Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 7/8/37 19

19. UNDERTAKER Chas. H. Tyler
(Address) 1910 N. Eutaw St

20. FILED 19

Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 17 19 37 to July 4 19 37

I last saw her alive on July 3 19 37 Death is said to have occurred on the date stated above, at 12 mid night m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Pneumonic Phthisis	about 6/17/37

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M. Fair M. D.

(Address) 805 Washington Ave

37092 E 37092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 20-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Louise Ritzer

If U. S. Veteran specify WAR.....

(a) Residence: No. 200 Valley — St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Ritzer

6. DATE OF BIRTH (month, day, year): 17 Sept. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Carl Fahle

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Wilhemina Holzschuh

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus Supr.

(Address) Little Sisters of the Poor.

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Date July 10 19 37

19. UNDERTAKER: Hussey Hoeck Lyles, Inc

(Address) 1301 E. Baltimore St

20. FILED ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7— 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to July 7 1937

I last saw h[illegible] alive on July 3 1937. Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Endocarditis	?
Other contributory causes of importance: Hypostatic Pneumonia	?
Chronic Nephritis	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Sup Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Fre Carter M. D.

(Address) 111 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

VS 3

FB - 1937

F 37093

37093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 N Bollington St. 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ludmila Amelia Brunala

(a) Residence: No. 907 N Bollington av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 10 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank Brunala

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Barch

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Brunala

(Address) 907 N Bollington av

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 9 1937

19. UNDERTAKER Frank Cregan & Son

(Address) 1101 Eastern Ave

20. FILED ..... 19 ..... Registrar.

7-9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1936, to July 6, 1937

I last saw her alive on July 5 1937. Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis and Uremia	1936
Contributory	
Other contributory causes of importance:	
Senile Pulmonary Edema	7-5-37

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1117 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

F 37094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37094

CERTIFICATE OF DEATH

43-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2333 Reisterstown Rd 3-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Kelsey Lowenstein

If U. S. Veteran specify WAR .....

(a) Residence: No. 2333 Reisterstown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha H. Herlofty

6. DATE OF BIRTH (month, day, year) May 14th 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) N. Y. City.

FATHER

13. NAME William Lowenstein

14. BIRTHPLACE (city or town) (State or country) N. Y. City.

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) N. Y. City.

17. INFORMANT Mrs Bertha H. Lowenstein
(Address) 2333 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/10/37 19

19. UNDERTAKER H. Wortman Son
(Address) 2503 Edmondson Ave

20. FILED ..... 19 .....
Registrar.

7-8-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7/37 . 19

22. I HEREBY CERTIFY, That I attended deceased from April, 11 1936 to May 7 1937

I last saw him alive on May 7 1937 Death is said to have occurred on the date stated above, at 4.50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Coronary Thrombosis	
Other contributory causes of importance: Fluid in abdomen	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Abraham Schapiro M. D.

(Address) 2078 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

37095 F 37095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2506 W. Lafayette Ave St. 16-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Hedwig Voigtmann (nee Zeinz)

If U. S. Veteran specify WAR .....

(a) Residence: No. 2506 W. Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Voigtmann

6. DATE OF BIRTH (month, day, year) Dec. 21st 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Zeinz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Knoop

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Charles Voigtmann

(Address) 2506 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 7/9/37 19

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED Huntington Williams 8-3-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 , 1937

22. I HEREBY CERTIFY, That I attended deceased from March 20 1937 to July 5 1937

I last saw h[illegible] alive on July 5 1937 Death is said to have occurred on the date stated above, at 7:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Mitral Insufficiency	
Other contributory causes of importance: Exitus to Uraemia	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Exitus Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Horace Reed M. D.

(Address) # 36 Medical arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

37096 ✓ F 37096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH Maryland gen'l Nos 12-3
CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John King

If U.S. Veteran specify WAR .....

(a) Residence: No. 336 E. 26th St Ward Greensburg Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Hazel King

6. DATE OF BIRTH (month, day, year) 12-25-00

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper Gager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Gov.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Samuel King

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Rose Buck

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hazel King
(Address) 336 E. 26th St

18. BURIAL, CREMATION, OR REMOVAL
Place Greensburg Pa Date July 9 1937

19. UNDERTAKER William Cook
(Address) 211 St Paul Street

20. FILED ... Washington Williamson, M.D. Registrar.

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-25-37. 19 . to 7-8-37. 19

I last saw h.im alive on 7-7-37. 19 . Death is said to have occurred on the date stated above, at 7.05 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset .....
Myocardial failure — Date of onset .....

Other contributory causes of importance: .....

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jerome F. Sherman, M. D.

(Address) Maryland Gen'l Nos.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37097

CERTIFICATE OF DEATH

1. PLACE OF DEATH ...S HOPKINS HOSPT... Registered No.....

CITY OF BALTIMORE: (No. 95 St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Goldie May Teagarden If U. S. Veteran specify WAR .....

(a) Residence: No. Glovers Gap St., ... Ward. West Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-19-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	3	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Barge Teagarden

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Mary Efaw

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records

(Address) ...S HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Glovers Gap W.Va. Date July 8 1937

Undertaker

19. UNDERTAKER Arthur C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. [illegible] Huntington Williamson, W.Va

8-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to July 7, 1937

I last saw her alive on July 7, 1937 Death is said to have occurred on the date stated above, at 9.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor (glioma)	3-1-37
	over

Other contributory causes of importance:

Oedema medulla - post-operative	1-1-37

Was an operation performed? Yes Date of 3-7-37

For what disease or injury? Cerebellar Tumor

Name of operation Removal Tumor

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William Gray Watson, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 37098

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37098 #24714

CERTIFICATE OF DEATH

49-2 SF

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Henrietta Mitchell

(a) Residence: No. 1603 Race St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Oct. 6/1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME George Thelman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Casper

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 9 1937

19. UNDERTAKER Leonard Brano
(Address) 1401 E Chase St

20. FILED ... 19... Registrar.

7-8-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8-1937

22. I HEREBY CERTIFY, That I attended deceased from 7-2 1937 to 7-8 1937

I last saw her alive on 7-8 1937 Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary with metastasis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) O. L. Brantigan M. D.

(Address) Baltimore City Hospitals

DESCRIPTIONS IS very important. See instructions on back of certificate.

37099

E 37099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No. S. 26-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis H. Zeigler

(a) Residence: No. 1252 Bolgiano Ave (Usual place of abode) Dundalk Md (If non-resident give city or town and State)

if U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write this word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Phyllis Larmyer

6. DATE OF BIRTH (month, day, year) 11-6-1905

7. AGE — Years 31 | Months 5 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) New York

FATHER

13. NAME Louis H Zeigler

14. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

MOTHER

15. MAIDEN NAME Emma Lefler

16. BIRTHPLACE (city or town) (State or country) Buffalo N.Y.

17. INFORMANT (Address) Mrs. Louis Zeigler 1252 Bolgiano Ave

18. BURIAL, CREMATION, OR REMOVAL Place Fairview Cem. Date July 8, 1937

19. UNDERTAKER Walter E. Donnelly (Address) Essex, Md.

20. FILED 8-1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest (Inquest, Autopsy or Inquiry) thereon, and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	7-3-37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 2, 1937

Where did injury occur? Eastwood Edwood (Specify city or town, county and State)

Specify whether injury occurred in industry, in home or in public place Street

Manner of injury Collision between Car & Auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur H. Guy Coroner M.D.

(Address) 901 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

VS 6

F 37100

F 37100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 176

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anna V. Kauffman

(a) Residence: No. Westminster Carroll Co. Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John C

6. DATE OF BIRTH (month, day, year) June. 25 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Cully

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Robins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT H Bankard

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL Meadow Branch

Place Westminster Md Date July. 11. 1937

19. UNDERTAKER H. Bankard Son

(Address) Westminster Md.

FILED JUL 9 1937 Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry and that said deceased came (Inquest, Autopsy or Inquiry) Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clij. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) H. Kauffman M. D.
Coroner

(Address) 2757 W Lexington St

E 37101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37101

CERTIFICATE OF DEATH

Registered No. [illegible]

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md Gen. Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Mrs Mary Martin

(a) Residence: No. (Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 22 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Balto Md

FATHER

13. NAME Lawson Martin

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ellen Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Methodist Protestant Church Minister Md

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Limestone Cemetery, Md. 1937

19. UNDERTAKER J. Frances Reese
(Address) Westminster Md.

20. FILED JUL 9 - 1937 R. E. Fuss Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) and that said deceased came to (Inquest, Autopsy or Inquiry) death on the day stated above. 1.45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Right femur	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 7/6 1937

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public highway

Manner of injury Slipped & fell in bathroom

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Mann Larsen M. D.
Coroner

(Address) 1215 Ramsay

OCCUPATION is very important. See instructions on back of certificate.

F 37102 HEALTH DEPARTMENT—CITY OF BALTIMORE 37102

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Murray Stephenson

(a) Residence: No. Colora, Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mrs. D. Murray Stephenson

6. DATE OF BIRTH (month, day, year): June 30th 1873

7. AGE: 64 Years | Months - | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Near Grace Md

FATHER

13. NAME: George Stephenson

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Scarborough

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Hosp Records,

18. BURIAL, CREMATION, OR REMOVAL: Harford Co. July 11th 37

Place: Rock Run Cem.

19. UNDERTAKER (Address): Herbert Baiter Darlington Md.

20. FILED ..... 19 ..... Registrar.

VPS - 1937 Darlington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from May 20 1937, to July 8 1937.

I last saw him alive on July 8 1937. Death is said to have occurred on the date stated above, at 9 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	1934-35
Other contributory causes of importance:	
Cerebral Angiosclerosis	?

Was an operation performed? Yes Date of June 29, 1937

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Cystostomy

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Francis M. Weaver M. D.

(Address) Union Memorial Hospital

M. D. B 1268-9

F 37103

F 37103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 213-7

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier No. 1, Pratt St. 4-1 Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Hathaway Waldon

(a) Residence: No. ..... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward Waldon

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Alice Tabor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Thomas Waldon
(Address) 610 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethania Va Date July 9. 1937

19. UNDERTAKER John J. Gorey
(Address) 715 Light St

FILED JUL 9 - 1937 Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day) July 8, 1937 . 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said Inquiry (Inquest, Autopsy or Inquiry)
and that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide or homicide? Accident Date July 8, 1937

Where did injury occur? Drowning
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home or in public place Public Place

Manner of injury Probably fell from Boat

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Working on Boat.

(Signed) F. K. Gillian Coroner, M. D.

(Address) 2737 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

F 37104

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37104

CERTIFICATE OF DEATH

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 St Paul St., 12-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Andrew J. O'Connor

(a) Residence: No. 78 Carlton Ave Brooklyn NY St., Ward ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day, year) Oct 7-1912

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
24	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Social Security Worker U.S. Govt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

FATHER

13. NAME Andrew O'Connor

14. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

MOTHER

15. MAIDEN NAME Mary Bradabury

16. BIRTHPLACE (city or town) (State or country) Brooklyn N.Y.

17. INFORMANT Marion Gallagher

(Address) 78 Carlton Ave Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Brooklyn N.Y. Date July 12, 1937

19. UNDERTAKER Wesman Cook

(Address) 1217 St Paul Street

20. FILED JUL 9 - 1937 19 ____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Suicide — By Revolver Shot — Temple

Date of onset

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury July 7, 1937.
Where did injury occur? 2815 St Paul St (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Shot himself with pistol
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) John A Craig, M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

~~Jimmie~~ B. Williams F 37105

F 37105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St. 2 Ward) Life

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jimmie B Williams If U. S. Veteran specify WAR .....

(a) Residence: No. 607 Eastern St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 4-1919

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jimmie Williams

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Lucy Carter

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Frank Williams
(Address) 616 S Lemmon St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date July 9 1937

19. UNDERTAKER Watty & Sons
(Address) 134 W Fayette St.

20. FILED ..... 19 ..... By .....

Huntington Williamson, W. Va.

VS 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	July 5 1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation No Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George L. Adler M. D.
Coroner

(Address) 500 Courthouse

OCCUPATION is very important. See instructions on back of certificate.

E 37106

HEALTH DEPARTMENT—CITY OF BALTIMORE

37106

CERTIFICATE OF DEATH V 137 24212--EF

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 26 Ward 6

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran, specify WAR 26 Record

2. FULL NAME Charles T. Bevan

(a) Residence: No. 1339 S. Clinton Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: R Mary Bevan

6. DATE OF BIRTH (month, day, year) 2-18-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Bevan

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Susanna Phillips

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 7/10, 1937

19. UNDERTAKER Wilson Funeral Home
(Address) 1217 E. Fayette St

20. FILED 19 [illegible]

JUL 9 - 1937 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-7-37, 19..., to 7-8, 1937

I last saw him alive on 7-8, 1937 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days
Other contributory causes of importance: Senile prostatic hypertrophy	5 yrs

Was an operation performed? yes Date of 6-25-37

For what disease or injury? prostate

Name of operation cystoscopic section

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Trentlyman M. D.

(Address) Baltimore City Hosp

37107

HEALTH DEPARTMENT—CITY OF BALTIMORE

37107

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH South Baltimore General Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-20 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Mrs. Elizabeth Needling

(a) Residence: No. 3404 Menlo Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Andrew Needling

6. DATE OF BIRTH (month, day, year): Oct 13th 1873

7. AGE: Years: 63 | Months: 8 | Days: √ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Paul Falk

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine V.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Paul F. Needling
(Address) 3404 Menlo Drive

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Wm Cook Date: July 10th 1937

19. UNDERTAKER
(Address) 1217 St Paul St

20. FILED: [illegible]

JUL 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937 to July 8, 1937

I last saw her alive on July 2 1937 Death is said to have occurred on the date stated above, at 1.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus	?
Generalized Carcinomatosis of the Abdominal viscera	2

Other contributory causes of importance:

Was an operation performed: No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis J. Krall, M. D.

(Address) South Balto. Gen. Hosp.

37108 E 37108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X √ 157-D

1. PLACE OF DEATH St. Agnes' Hospital — Registered No. 25-1
CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Smith — If U. S. Veteran specify WAR

(a) Residence: No. Meadowbrook Ave. St., Ward. (Usual place of abode) Catonsville (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-16-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER
13. NAME Roy Smith
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT ... (Address)

18. BURIAL, CREMATION, OR REMOVAL Removal
Place University Hosp. Date June 20 1937

19. UNDERTAKER ... (Address)

20. FILED 1937 Registrar. Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1937, to June 20, 1937
I last saw her alive on June 20, 1937. Death is said to have occurred on the date stated above, at 8 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Monstrasity Absence Parital, frontal Head occipital bones.	6-16-37
Other contributory causes of importance:	

Was an operation performed? No Date of ...
For what disease or injury? none
Name of operation none
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...
(Signed) W. H. Carr M. D.
(Address) St. Agnes Hosp.

OCCUPATION is very important. See instructions on back of certificate.

37109 F 37109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 N Luzerne Ave St. 7-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Mc Loenhals

If U. S. Veteran specify WAR

(a) Residence: No. 900 N Luzerne Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda McLoenhals

6. DATE OF BIRTH (month, day, year) Aug 1 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm McLoenhals

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Yaeger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Matilda McLoenhals
(Address) 900 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date July 10, 1931

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

FILED JUL 9 1931 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1931 to July 7, 1931

I last saw him alive on July 7, 1931. Death is said to have occurred on the date stated above, at 9:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Cerebral Hemorrhage	

Was an operation performed? No Date of

For what disease or injury? No

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur C Manninger M. D.

(Address) 800 E North Ave

F 37110

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37110

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hopkins Hospital Da

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John B Huckman Cross If U. S. Veteran specify WAR

(a) Residence: No. 216-63d St Balto Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Mother~~

6. DATE OF BIRTH (month, day, year) 12/6-1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc. News Paper Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 7-7-37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Frederick Md

MOTHER

13. NAME John C Huckman

FATHER

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Birdie Young

16. BIRTHPLACE (City or town) (State or country) Frederick Md

17. INFORMANT Mrs Birdie Cross

(Address) 216-63d St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cem Date 10 19 37

19. UNDERTAKER John Wentz & Sons

(Address) 2008 Arlington

20. FILED ..... 19 ..... (Registrar)

7-1551

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 37

22. I HEREBY CERTIFY, That I took charge of the remains described above, held Inquest thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemmes	
Probable fractured skull	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-7, 1937

Where did injury occur? Bridge Rt 2 & A-Balto.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck

Riding on side of truck - Fell

Was disease or injury in any way related to occupation of deceased? Fell & struck

(Signed) Hyland Geddy Jr M. D.

(Address) 907 N Calvert

OCCUPATION is very important. See instructions on back of certificate.

V S 6

Spec.—2-29-28—L. F. S.—500 Bks.

F 37111

37111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5502 Kenhark Ave ST., 28-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christian Kaltenbach

(a) RESIDENCE NO. 5502 Kenhark Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 2 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	6	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Christian Kaltenbach

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cordelia Trust

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant Henry Kaltenbach

(Address) 5502 Kenhark Ave

15 Filed July 9, 1937, 19 R. Lindsay Williams, C

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 7 37

17 I HEREBY CERTIFY, That I attended deceased from May 6, 1926, to July 7, 1937

that I last saw h alive on July 5, 1937

and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY Hypertension Fatty Heart
(Secondary) Uremia (duration) 11 yrs. mos. ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) , M. D.

, 19 (Address) 1819 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL July 9 1937

20 UNDERTAKER John F. Denny — ADDRESS 715 Light

F 37112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37112

23

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 131 W. Hill St. 22-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME James Robinson
(a) Residence: No. 131 W. Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) 10/23/13

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~
10. Date deceased last worked at this occupation (month and year) ~
11. Total time (years) spent in this occupation 3

0040

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME George Robinson
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Carrie Clark
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Etta Gibson
(Address) 710 Bradley Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 7/10/37. 19

19. UNDERTAKER Isaiah L Brown & Son
(Address) 1619 Montgomery St

20. FILED 7-8 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to July 7, 1937.
I last saw him alive on July 7, 1937. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. 1937
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? ~
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ~
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ~
If so, specify .....

(Signed) D. T. Carroll M. D.
(Address) 109 W Hill St

E 37113

329964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward S Knisely

If U. S. Veteran specify WAR

(a) Residence: No. 404 Center St., ... Ward. Bethlehem Penna

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Cramer Knisely — Bertha

6. DATE OF BIRTH (month, day, year) 10-15-1872

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	64	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Capitalist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Knisely

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Emma Steckel

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Bethlehem, Pa. Date July 9 1937

19. UNDERTAKER Forpaugh Cook

(Address) 1005 W. Baltimore St.

20. FILED Huntington Whitaker, M.D.

9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1937

22. I HEREBY CERTIFY, That I attended deceased from May 23 1937 to July 9 1937

I last saw him alive on July 9 1937. Death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Other contributory causes of importance: Carcinoma Bladder urinary	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James H. Lemmon

(Address) Johns Hopkins Hospital

37114 HEALTH DEPARTMENT—CITY OF BALTIMORE 37114

CERTIFICATE OF DEATH

24606 JS 46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 8-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Harry Wolfe

(a) Residence: No. 2839 Erdman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 3-15-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Anthony

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Parkwood — July 10-37

19. UNDERTAKER Jos. J. Stephenson
(Address) 1512 Eutaw Ave

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1937, to July 7, 1937.

I last saw ~~he~~ alive on July 7, 1937. Death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	June 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) H. L. De Santelle, M. D.

(Address) Baltimore City Hospitals

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37115

CERTIFICATE OF DEATH

30-23 F 37115

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Dugan (22384.)

If U. S. Veteran specify WAR

(a) Residence: No. 2111 W. Vine St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Dugan

6. DATE OF BIRTH (month, day, year) Dec. 19, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constable

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 Yrs

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Walter Dugan

14. BIRTHPLACE (city or town) (State or country) Indiana

MOTHER

15. MAIDEN NAME Eleanor Steidel

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date July 10 1937

19. UNDERTAKER Geo M Settle

(Address) 2700 Edmondson Ave

20. FILED 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937 to July 8, 1937

I last saw him alive on July 8, 1937 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs — Date of onset March 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo M. Curtis M. D.

(Address) Baltimore City Hospitals

F 37116

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37116

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Md Gen Hospital 13-2 152

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward F. Byrne

(a) Residence: No. 1919 Park ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ellen J. Byrne

6. DATE OF BIRTH (month, day, year) August 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME E. F. Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Carrie Enhart

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Edward F. Byrne 1919 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date July 9 1937

19. UNDERTAKER Vernon Rechner

(Address) 2301 Edmondson Ave

FILED JUL 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence (Inquest, Autopsy or Inquiry)

obtained by said ..... find that said deceased came (Inquest, Autopsy or Inquiry)

to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of R. forearm	
Toxemia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accid Date of Injury 6/16 1937

Where did injury occur? Fleet McGinley Bldg Penna (Specify city or town, county, and State)

Specify whether injury occurred in, industry, in home, or in public place In Industry, on Candler Bldg.

Manner of injury Struck upon forehead by piece of timber, in printing plant

Nature of injury Contusion Forehead

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify

(Signed) Otho Axene M. D. Coroner

(Address) 1215 Hanover

VSG

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37117

CERTIFICATE OF DEATH

F 37117

1. PLACE OF DEATH — 600 N. Chapel State Land
CITY OF BALTIMORE: (No. Dieling Sanitarium St., 13-L Ward) 94-C
(If death occurred in hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 90 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Ellen McCleary — If U. S. Veteran specify WAR

(a) Residence: No. 808 Hollington St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR or RACE: White
5. Single, Married, Widowed, or Divorced (Write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Samuel E. McCleary
6. DATE OF BIRTH (month, day, year): May 14-1847
7. AGE: Years 90 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER
13. NAME: Putnam Neal
14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER
15. MAIDEN NAME: Sarah A. Hodges
16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Miss M. Ellen McFaul
(Address): 3814 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL: St. Mary's (Hampden) July 10 37
Place:

19. UNDERTAKER: Horace G. Rutzler
(Address): 3631 Falls Road

20. FILED 19

JY 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7- 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1936 to July 7 1937

I last saw her alive on July 4 1937. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? — Date of

For what disease or injury?

Name of operation: clemical

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wetherbee Fort, M. D.
(Address) 202 Preston St.

Spec. 2-29-24—L. F. S.—600 Blks.

37118

HEALTH DEPARTMENT—CITY OF BALTIMORE

137 F 37118

CERTIFICATE OF DEATH

1—PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. Fayette or Callow ST. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Hensler

(a) RESIDENCE NO. 2533 Edmondson Ave ST.. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Lena Hensler

6 DATE OF BIRTH (month, day, and year) July 2 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs or min.
63	11		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Mechanist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Jacob

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Brooks

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant Mrs. Lena Hensler

(Address) ~~2533~~ 2533 Edmondson Ave

15 Filed 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/37

17 I HEREBY CERTIFY, That I attended deceased from 7/5/ 1937 to 7/8/ 1937

that I last saw him alive on 7/8/ 1937

and that death occurred, on the date stated above, at 12 15 A m.

The CAUSE OF DEATH* was as follows:

Tumor Brain (primary) Metastasis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Prostatic hypertrophy with Retention of urine (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. T. Baughman, M. D.

1937 (Address) Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	July 10 1937
20 UNDERTAKER	ADDRESS
Martin Faber & Sons	1827 N. North

37119

HEALTH DEPARTMENT—CITY OF BALTIMORE

37119

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1819 E. North Ave. St. 15-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Sledge

If U.S. Veteran specify WAR

(a) Residence: No. 1819 N. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Connolly

6. DATE OF BIRTH (month, day, year) May 29 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Br. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Joseph H. Sledge

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Emma Whitford

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Elizabeth Sledge
(Address) 1819 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Date July 10, 1937

19. UNDERTAKER Martin Tipper & Sons
(Address) 1822 E. North Ave.

20. FILED 1937 Registrar Clayton Williams 7/8/37

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th, 1937

22. I HEREBY CERTIFY That I attended deceased from June 1st 1937 to July 7th 1937

I last saw him alive on July 2nd 1937 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis Interstitial Endocarditis	

Other contributory causes of importance

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jefferson Beall M. D.

(Address) 5 Club Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37120 92a F 37120

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital, 19-4 Registered No.
CITY OF BALTIMORE: (No. Wilkens + Caton Ave, St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Julius Barry, (Berry) If U. S. Veteran specify WAR

(a) Residence: No. 1630 Cole St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Dale) Jennie V. Barry

6. DATE OF BIRTH (month, day, year) Oct 2, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0123

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles B Barry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Jennie M Berry
(Address) 1630 Cole St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 7/10/37

19. UNDERTAKER H. A. Tuttle
(Address) 1701 Edmondson Ave

19- 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1937 to July 7, 1937
I last saw him alive on July 6, 1937 Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiovascular disease with Mitral Stenosis	Unknown
Other contributory causes of importance: Subacute Bacterial Endocarditis	May 23, 19

Was an operation performed? Yes. Date of
For what disease or injury? Gangrene, left lower leg.
Name of operation Amputation
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Karl F. Meek M. D.
(Address) St. Agnes' Hospital

VA 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37121

CERTIFICATE OF DEATH

7121

1. PLACE OF DEATH — Hyphen 18+

CITY OF BALTIMORE: (No. John Hospital St., 8-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Luster Mayers

(a) Residence: No. 1935 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Dorothy Mayers

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John Mayers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillsais ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Dorothy Mayers (Address) 1935 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date July 9 1937

19. UNDERTAKER E. Ory O'Watson (Address) 1501 Druid Park Drive

FILED JUL 9 - 1937 Huntington Williams, M.D. Registrar

V 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot Wound Jabdomen	

Other contributory causes of importance: Peritonitis

Was an operation performed? Yes Date of 7/4/37

For what disease or injury? Gun shot wound Abdomen

Name of operation Laparotomy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 7/4/37

Where did injury occur? Caroline & McElderry St. Balto. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Shot with a pistol.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1112 E. North Ave.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 37122

37122

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2530 W. Fairmount St., Ward) 26-2
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Nellie Evans

(a) Residence: No. 2530 W. Fairmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	white	Widow

5a. If married, widowed, or divorced, (or) WIFE of Late Clarence E. Evans

6. DATE OF BIRTH (month, day, year) March 17-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62.	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Detroit Mich

FATHER

13. NAME John Powers

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget McNamara

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Mrs. John O'Keefe
(Address) 929 S. Ann Ave Highland R 2888

18. BURIAL, CREMATION, OR REMOVAL
Place London PK Cem Date 7/9 1937

19. UNDERTAKER Mrs Rowan & Son
(Address) 901 Hollins St

20. FILED JUL 9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11 1937 to July 6 1937

Last saw h[illegible] alive on July 6 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris.	1 month

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos Norton M.D.

(Address) 288 N. Lombard St.

37123

HEALTH DEPARTMENT—CITY OF BALTIMORE

37123

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Union Memorial Hospital. 4-5 Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Baby Boy Soper

(a) Residence: No. 920 Homestead Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 1937

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			12 hrs. 40 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Milburn Willis Soper

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Sarah Sitler.

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

17. INFORMANT Milburn Willis Soper
(Address) Baltimore, Md

18. ~~BURIAL~~, CREMATION, OR REMOVAL
Place Union Mem Hosp. Date 7-7 1937

19. UNDERTAKER
(Address)

20. FILED 7-7-1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6 1937.

22. I HEREBY CERTIFY, That I attended deceased from 6-6-37, 1937. to 7-6-37, 19

I last saw h/im alive on 7-6-37, 19 Death is said to have occurred on the date stated above, at 8.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6-6-37.
Bilateral Congenital Atelectasis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Franklin Crawley, M. D.

(Address) Union Memorial Hospital

M. D. B 1268-8

37124 F 37124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 860 W. Lexington St. St. 18-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Drumwright

If U. S. Veteran specify WAR .....

(a) Residence: No. Harmond A.A.Co. Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Majore Drumwright

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Melvia Drumwright

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Susia Taylor
(Address) 860 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt - Zion Date July 9, 37

19. UNDERTAKER Mrs Katie R Williams
(Address) 321 S Schroeder St

20. FILED 9-1937 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937, 19

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said Inquiry find that said deceased came to Her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 2737 E. Lex. St.

OCCUPATION is very important. See instructions on back of certificate.

F 37125

37125 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Prestramini

If U. S. Veteran specify WAR ...

(a) Residence: No. 412 N. Greene St. (Usual place of abode)

St., ... Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 7, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank R. Prestramini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Katie Jaufliyy Liberto

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Frank Prestramini

(Address) 412 N. Greene St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 9, 37

19. UNDERTAKER H. W. Peregoy

(Address) 440 E. North Ave.

20. FILED 19 ... Registrar.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to July 8, 1937

I last saw h[illegible] alive on July 8, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Thymico-lymphaticus	from birth

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Jarvis M. D.

(Address) 1 W. Mt. Vernon Pl., Balto.

M. D. B. 1268-9

F 37126

37126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Stinchcomb

(a) Residence: No. Odenton Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): 7-6-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	-			7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Community Hosp. Balto., Md.

FATHER

13. NAME: Wm. Emery Stinchcomb

14. BIRTHPLACE (city or town) (State or country): SEVERN, MD.

MOTHER

15. MAIDEN NAME: Lillian Eliz. Shultis

16. BIRTHPLACE (city or town) (State or country): SEVERN, MD

17. INFORMANT (Address): FATHER

18. BURIAL, CREMATION, OR REMOVAL: Place ... JUL 9 - 1937 ... 19

UNIVERSITY MEDICAL SCHOOL ... of Health

19. UNDERTAKER (Address): Per H. A. Moore

20. FILED JUL 9 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 - 2:60 AM 1937 to July 6th - 9:50 AM 1937

I last saw him alive on at 9:50 a.m. 19 - Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Chronic Nephritis in mother

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Hallen Chellappi, M. D.

(Address) University Hospital

37127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37127

CERTIFICATE OF DEATH

12-3 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Green Mount Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George D. Brownley

(a) Residence: No. 2510 Green Mount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 17. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George D. Brownley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Alice Jane Langley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ida Whaley
(Address) 2510 Green Mount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date July 10, 1937

19. UNDERTAKER John T. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED
JUL 9 - 1937 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8. 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1. 37 to July 8. 37, 19 37

I last saw him alive on July 7. 37, 19 37. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	several years
Other contributory causes of importance: old-age.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Herbert C. Blake M. D.

(Address) Medical Arts Bldg.

37128 E 37128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 Wheeler Ave. St. 30-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annastasia Lewis

If U.S. Veteran specify WAR ....

(a) Residence: No. 42 Wheeler Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard F. Lewis

6. DATE OF BIRTH (month, day, year) September 17, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pekin (State or country) Maryland

FATHER

13. NAME Peter McConnell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Hammers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Cecilia Duckworth

(Address) 42 Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lonaconing, Md. Date July 10 1937

19. UNDERTAKER Dep't Co-op

(Address) 1005 E. Baltimore St.

20. FILED ... Registrar.

9 - 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from ~~Feb 27~~ July 5 1937 to July 8 1937

I last saw her alive on July 8 1937 Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows: Hypertension Coronary Thrombosis

	Date of onset

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) D. G. Thanabe, M. D.

(Address) 1945 W. Baltimore St.

AACo. 5-11 250B

37129 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37129

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 W. Mulberry St. 14-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Hawkins.

(a) Residence: No. 1427 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Hawkins

6. DATE OF BIRTH (month, day, year) Aug - 16 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musician

10. Date deceased last worked at this occupation (month and year) 4/37

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Howard Co
(State or country) Maryland

FATHER

13. NAME John Hawkins

14. BIRTHPLACE (city or town) Howard Co
(State or country) Maryland

MOTHER

15. MAIDEN NAME Harriett

16. BIRTHPLACE (city or town) Howard Co
(State or country) Maryland

17. INFORMANT Wallace A Hawkins
(Address) 1427 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7/12, 1937

19. UNDERTAKER Rayner Sanders
(Address) 1415 E. Preston St

20. Filed ..... 19..... Registrar

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1937, to 7/5, 1937

I last saw h— alive on 7/8 1937, death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Senile Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Brumbaugh, M. D.

(Address) 1224 Eutaw

F 37130 1937

F 37130 HEALTH DEPARTMENT—CITY OF BALTIMORE 1865

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4670 Park Hgts St. 27-L Ward)

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Katherine Schumann

(a) Residence: No. 4670 Park Hgts Ave St., ... Ward. Denver Col.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris Schumann

6. DATE OF BIRTH (month, day, year) April 1-1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
72	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Gallagher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. George D. Kelly

(Address) 4670 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Denver Col Date 7/3 1937

19. UNDERTAKER Herman Lemmon

(Address) 40 Ford Heights Co.

Huntington Williamson, West Va.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4 1937 to July 7 1937

I last saw him alive on July 7 1937 Death is said to have occurred on the date stated above, at 945 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John D. Bubert M. D.

(Address) 803 Park Heights Ave

F 37131

37131

HEALTH DEPARTMENT—CITY OF BALTIMORE

24524--M

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp ts. St. 5-2 Ward)

Length of residence in city or town where death occurred 35yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ed. Knight

(a) Residence: No. 536 Gay St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes L.

6. DATE OF BIRTH (month, day, year) 6---1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Un. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Minnesota

FATHER

13. NAME George (D)

14. BIRTHPLACE (city or town) (State or country) Minnesota

MOTHER

15. MAIDEN NAME Anna Berger (D)

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Records of Balto. City Hosp ts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet 7/12 .37

19. UNDERTAKER Wm. Cook & Son
(Address) 1217 E. Baltimore St.

20. FILED 7-12-1937 Arlington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 .1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to July 8, 1937.

I last saw him alive on July 8, 1937. Death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	4-20-1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. de Sautelle M. D.

(Address) Baltimore City Hospitals

37132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 37132

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St. 26-12 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran, specify WAR No Record

2. FULL NAME James J. Hall

(a) Residence: No. B. C. H. St., Ward. 32

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If widowed, HUSBAND of Margaret Hall

6. DATE OF BIRTH (month, day, year) 2-18-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Retired Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. See Business

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Wm. Hall

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McLean

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT B. C. H. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Date 7/10 37

19. UNDERTAKER

(Address)

20. FILED 7-9-1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937, to July 7, 1937. I last saw him alive on July 7, 1937. Death is said to have occurred on the date stated above, at 7:09 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	
Other contributory causes of importance: Bronchopneumonia	7-5-37

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation Clinical Was there an autopsy? No

What test confirmed diagnosis? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. A. De Santella, M. D.

(Address) Baltimore City Hospitals

M. D. F. 1208-9

F 37133

F 37133 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 503 (St.) Radnor Ave (Ward) 27-10

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Burchall

(a) Residence: No. 503 Radnor Ave St., Ward.

(Usual place of abode) 19 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced. HUSBAND of (or) ~~WIFE~~ of: Martha V. Burchall

6. DATE OF BIRTH (month, day, year): Feb 1 1863

7. AGE: Years 74 | Months 5 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Rochester Ind

MOTHER

13. NAME: William Burchall

FATHER

14. BIRTHPLACE (city or town) (State or country): Rochester Ind

MOTHER

15. MAIDEN NAME: Matilda

16. BIRTHPLACE (city or town) (State or country): Rochester Ind

17. INFORMANT: Richard Turk

(Address) 209 St Dunstans Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: 7/12, 37

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. FILED: 7-1937 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to 7/8/37, 19

I last saw h[illegible] on 7/8/37, 19. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Arterio - Sclerosis

Chronic Myocarditis

(Duration)

Date of onset

Other contributory causes of Importance:

Name of operation: none Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos Fuller M. D.

(Address) 5703 Harford Rd

37131 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 87134

CERTIFICATE OF DEATH

✓47-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 20-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Elizabeth Turner

If U. S. Veteran specify WAR

(a) Residence: No. 2314 W. Fayette St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Walter Turner

6. DATE OF BIRTH (month, day, year) Dec. 17-1870

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
66	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Isaac Emmett

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Charles Clinton Turner

(Address) 2314 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 12 1937

19. UNDERTAKER George L. Lephart

(Address) 2101 Frederick Ave.

20. FILED ...19... Registrar.

9-1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 14 1937 to July 8 1937

last saw her alive on July 8 1937 Death is said to have occurred on the date stated above, at 6:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	3 mos
Other contributory causes of importance: Hypertension	?

Was an operation performed? Yes Date of 6-14-37

For what disease or injury? Ca Larynx

Name of operation Tracheotomy

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank R. Stephenson M. D.

(Address) St. Jos. Hosp.

B 37135

37135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4713 Norwood Ave (Ward) 2 5 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 20 da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR

2. FULL NAME Annie Cecelia Ludt.

(a) Residence: No. 4713 Norwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John N. Ludt.

6. DATE OF BIRTH (month, day, year): Nov. 18 1871

7. AGE: Years 65 | Months 7 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Lloyd Patterson

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Elisa L. Horney

16. BIRTHPLACE (city or town) (State or country): Easton Md.

17. INFORMANT: Mrs Elisa L. Alvater (Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL: Place Easton Md Date July 10 1937

19. UNDERTAKER: Wm McGuire Sons (Address) Monroe & Fallows.

9 JUL 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to July 8 1937

I last saw her alive on July 8 1937 Death is said to have occurred on the date stated above, at 10 ... m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset

Other contributory causes of importance: Diabetic Coma

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.

(Address) 4710 Liberty Heights Ave

37136 E 37136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Ashburton St. 15-6 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles F. Rakowski (Rakoski)

(a) Residence: No. 1714 Ashburton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6 7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Sailor do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Kasmir Rakowski

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Magdalene Brusinki

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anthony Rakowski
(Address) 1714 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL St Stanislaus Date 7/10/37 19

19. UNDERTAKER Geo. L. Kuhn
(Address) 1101 Edmondson Ave.

20. FILED 9-1937 Huntington Ribbon Mfg. Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1930, to July 7th, 1937

I last saw him alive on July 6th, 1937. Death is said to have occurred on the date stated above, at 8300 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1h. Pulmonary Tuberculosis	1918
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation Postmortem Section What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Wendell P Dalley, M. D.

(Address) 20 Vet Adm.

Ft McHenry Baltimore Md.

37137 #24844

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37137 SF

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 19-2 Ward) 7-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR. No Record

2. FULL NAME Mary Kirner

(a) Residence: No. 1619 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto F. Kirner

6. DATE OF BIRTH (month, day, year) Jan 30th 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 7/7/37

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (City or town) Balto. Md.
(State or country)

FATHER

13. NAME Thomas Hurley

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Catherine Chenoweth

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 12th 1937

19. UNDERTAKER Wm Cook
(Address) 1207 E Baul St

20. FILED 19 Registrar

JUL 13 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1937, to 7-9, 1937

I last saw her alive on 7-8, 1937. Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia (?)	1 May 1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/3/37

For what disease or injury? Abdominal exploration

Name of operation Exploratory laparotomy

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. L. Woodward Jr. M. D.

(Address) Balto City Hosp.

37138 F 37138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S. Ann St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Carmel Jr.

If U.S. Veteran specify WAR ....

(a) Residence: No. 223 S. Ann St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 20-37

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			20 d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Walter Carmel

14. BIRTHPLACE (city or town) (State or country) Louisiana

MOTHER

15. MAIDEN NAME Helen Marko

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Helen Carmel

(Address) 223 S. Ann St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 10 1937

19. UNDERTAKER Fred W. Ozgewski

(Address) 1930 Eastern Ave

20. FILED JUL 10 1937 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 . 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7 . 1937 to July 9 . 1937

I last saw him alive on July 7 . 1937. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

Intern. Hemorrhage — Date of onset July 7

Other contributory causes of importance:

Asthma

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo V. Kolack M. D.

(Address) 1265 S. Patterson Park Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

37139 37139

CERTIFICATE OF DEATH

✓ 46-E

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 N. BRADFORD STREET St., 7-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

If U. S. Veteran specify WAR.....

2. FULL NAME MARIE KREJCI

(a) Residence: No. 801 N. BRADFORD STREET St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of JAMES KREJCI

6. DATE OF BIRTH (month, day, year) APRIL 23-1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	2	8 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BOHEMIA

FATHER

13. NAME JAMES SKRIVAN

14. BIRTHPLACE (city or town) (State or country) BOHEMIA

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) BOHEMIA

17. INFORMANT FRANCIS KREJCI
(Address) 801 N. BRADFORD STREET

18. BURIAL, CREMATION, OR REMOVAL
Place OAKHILL CEMETERY Date 7-11-37 19

19. UNDERTAKER Charles E. Schumacher
(Address) 2623 E. Madison St.

7 19 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 8-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from May 1-1937, 19..... to July 8-1937, 19.....

I last saw her alive on 7-8-37, 19..... Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF LIVER	4-20-37
Other contributory causes of importance:	

Was an operation performed? NO Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) William J. Kroaver M. D.

(Address) 801 N. KENWOOD AVENUE

14

37140 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37140

CERTIFICATE OF DEATH 24340--CM-23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St. 18-1 Ward) 34-J-23 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42yrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ben Johnson Benjamin Johnson If U. S. Veteran specify WAR

(a) Residence: No. W 904 Fairmount Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-3-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemp.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Un.

14. BIRTHPLACE (city or town) (State or country) Un.

MOTHER

15. MAIDEN NAME Un.

16. BIRTHPLACE (city or town) (State or country) Un.

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date July 12, 37

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3224 Edmondson St.

20. FILED 19 Registrar

JUL 0 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1937, to July 8, 1937.

I last saw him alive on July 8, 1937. Death is said to have occurred on the date stated above, at 10.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis (of lung)	Jan 1937

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. A. de Santelle M. D.
(Address) Baltimore City Hospitals

37141 F 37141

HEALTH DEPARTMENT—CITY OF BALTIMORE

37141

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Wilmer Gillard (24700)

(a) Residence: No. 1108 Oliver St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) ??

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Julia Jones

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date July 9 19 37

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937 to July 7, 1937

I last saw him alive on July 7, 1937 Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Tuberculosis of Lungs	June 1937

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Leo M. Curtis M. D.

(Address) Baltimore CITY Hospitals

37142 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 37142

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Home Hosp St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Seibert

If U. S. Veteran specify WAR

(a) Residence: No. 2204 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John E. Seibert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. John E. Seibert

(Address) 2204 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 7/10/37

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Orleans St

20. FILED 19

JUL 10 1937 Huntington Pettigrew, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from May 28 1937 to July 8 1937

I last saw her alive on July 7 1937 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 28
Other contributory causes of importance: Hypertension	2-3 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) Chas. A. Keer, M. D.

(Address) 408 Stat Park ave

Spec.—2-29-28—L. F. S.—500 Bks.

F 37143

37143

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH

1—PLACE OF DEATH Franklin Square Hospital REGISTERED NO. 13-8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Calhoun ST., WARD)

2—FULL NAME Mrs Mildred Leal

(a) RESIDENCE NO. 3613 Bonna Vista Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of James G. Leal

6 DATE OF BIRTH (month, day, and year) Nov 24 1900

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	36	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md

PARENTS

10 NAME OF FATHER Charles T Corkey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va md

12 MAIDEN NAME OF MOTHER Mary L Bambitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

14 Informant James G Leal

(Address) 3613 Bonna Vista Ave

15 July 1937 H. Lexington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7/8/37

17 I HEREBY CERTIFY, That I attended deceased from 7/1/37, 1937, to 7/8/, 1937, that I last saw h[illegible] alive on 7/8/, 1937 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

A Terminal bronchopneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Multiple carbuncles of [illegible] ? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) O. T. Battaglia M. D.

19 (Address) 7 Franklin Square Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park

DATE OF BURIAL July 12, 1937

20 UNDERTAKER Chenowith Bros

ADDRESS 3610-17 Harford Ave

Dr. Linden - 16 S. Broadway

M. D. B. 1269-9

37144

F 37144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 Pitman Place St., 12-5 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Maas

(a) Residence: No. 414 Pitman Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Maas

6. DATE OF BIRTH (month, day, year) Dec 18, 1858

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
78	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Weiss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Watson

(Address) 4507 Ashenby Road

18. BURIAL, CREMATION, OR REMOVAL Leadale Hill Date July 10, 1937

19. UNDERTAKER Ehrenwerth Bros.

(Address) 3615-17 Ehrenwerth Ave

20. Filed JUL 10 1937 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937 to July 7 1937

I last saw her alive on July 7 1937 Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	7-7-37
	ave
Other contributory causes of importance:	
Senility. Atherosclerosis, Hepatic Cirrhosis. Myocardial Insufficiency	?

Name of operation none Date of —

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Harry Linden, M. D.

(Address) 16 S. Broadway

F 37145

37145

HEALTH DEPARTMENT—CITY OF BALTIMORE

23864--CM

CERTIFICATE OF DEATH

Registered No. 12-7 958

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Fannie Miller

(a) Residence: No. 2728 Huntington Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Conrad

6. DATE OF BIRTH (month, day, year) 7-24-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9 11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Un.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Josiah Leight

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachael Cullett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Charwood Date July 10 1937

19. UNDERTAKER Thenor Little Son
(Address) 36 (5-7) Edgewood Ave

20. FILED JUL 10 1937 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-25 1937 to 7-8 1937

I last saw her alive on 7-8 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of left foot	?
Broncho-pneumonia	2 days.

Other contributory causes of importance:

Arteriosclerotic Heart Disease	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) O. L. Arantzgan M. D.
(Address) Baltimore City Hosp.

37146

HEALTH DEPARTMENT—CITY OF BALTIMORE

37146

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward 2)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Praciewski

(a) Residence: No. Hanover, Md. St., ... Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Casimir Praciewski

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anne Salomuse

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Father-
(Address) Hanover, Md-

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date 7/10 37

19. UNDERTAKER John J Duda
(Address) 288 Hudson St

20. FILED JUL 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-21-37 to 7-9-37

I last saw h[illegible] alive on July 9, 1937 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

Diarrhea, cause unknown — Date of onset 6-6-37

Other contributory causes of importance:

Secondary Anemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F N Titus M. D.

(Address) U of Md Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37147

CERTIFICATE OF DEATH

F 37147

Registered No. 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2525 Durham St. 2-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Chentis Fullwood

(a) Residence: No. 2525 S Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec-1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Fullwood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruth Chentis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Morning Stevenson

(Address) Hunter Pena

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Comty Date July 10 1937

19. UNDERTAKER Mrs Ida Barley Est

(Address) West Jefferson St

FILED JUL 9 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset July 3 1937

Other contributory causes of importance:

Was an operation performed? — Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George F. Allen M. D.

(Address) 30 E Lanvale St

V S 6

331 163 E 37148

HEALTH DEPARTMENT—CITY OF BALTIMORE

37148

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida H Schwartz

If U. S. Veteran specify WAR .....

(a) Residence: No. 232 N. 2nd St. St., ... Ward Harrisburg Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-28-97.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6504

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
6/37	

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME B Frank Snell

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Frances

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisburg Pa Date July 10 1937

19. UNDERTAKER E. C. Jefferis Bros
(Address) 1127 E Baltimore St

20. FILED [illegible] 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July - 9 . 1937

22. I HEREBY CERTIFY, That I attended deceased from June 28 . 1937 to July 9 . 1937

I last saw her alive on July 9 . 1937. Death is said to have occurred on the date stated above, at 8 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
B. Welchii infection	6-29-37

Other contributory causes of importance:

Acromegaly	about 1932

Was an operation performed? yes Date of 6-29-37

For what disease or injury? Acromegaly

Name of operation Removal of Pituitary Tumor

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. F. Jonas M. D.

(Address) The Johns Hopkins Hospital

37149 HEALTH DEPARTMENT—CITY OF BALTIMORE 37149

CERTIFICATE OF DEATH

53-37149 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Union Memorial Hospital St. 27-14 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 9 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Berkeley Rulon Miller

If U. S. Veteran specify WAR .....

(a) Residence: No. Blythewood Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 29 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baeto Md

FATHER

13. NAME John Rulon Miller

14. BIRTHPLACE (city or town) (State or country) Riverton N. J.

MOTHER

15. MAIDEN NAME Ann Richmond Taylor

16. BIRTHPLACE (city or town) (State or country) Providence R.I.

17. INFORMANT Mrs. Geo Blakiston

(Address) 13 Cylewood Rd. Baeto Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas Garrison Forest Date July 10 1937

19. UNDERTAKER Henry W. Jenkins Son Co

(Address) N. Eutaw & Orchard Sts

20. Filed ... 19... Registrar ...

10 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937, to July 9, 1937

I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 8:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma with bone metastases and general glandular enlargements.	Summer 1936

Other contributory causes of importance:

Multiple Bone metastases with necrosis.

Was an operation performed? Yes Date of Jan. 26, 1937

For what disease or injury? Glandular enlargement.

Name of operation biopsy of axillary gland.

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) Robert Dorsey M. D.

(Address) Union Memorial Hospital

37150 E 37150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N. Charles St. 12-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hudson Riston

If U. S. Veteran specify WAR

(a) Residence: No. 1823 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella M. Riston

6. DATE OF BIRTH (month, day, year) Dec. 24 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumber

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William T. Riston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah E. Como

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Miss Katie Riston
(Address) 800 Dorsch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date July 10, 1937

19. UNDERTAKER John J. Handy
(Address) 715 Light St.

20. FILED 19 [illegible]

JUL 9 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1936, to July 7, 1937

I last saw him alive on July 7, 1937. Death is said to have occurred on the date stated above, at 2:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1933
Other contributory causes of importance: Senile Cerebral Arteriosclerosis	7/6/37

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [signature] M. D.

(Address) 1117 Mulberry

37151 ✓ F 37151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 921 Appleton St. 16-4 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella B. Schooley
If U. S. Veteran specify WAR .....

(a) Residence: No. 921 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) About 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Loudon Co. Va.

FATHER
13. NAME Wm. F. Schooley
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Hannah L. Locke
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Miss Ella Schooley
(Address) 921 N. Appleton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Friends Cem. Date July 17 1937

19. UNDERTAKER Wm. J. Pickett & Sons
(Address) 1111 Pa. Ave.

20. FILED JUL 20 1937 Registrar of Vital Statistics, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1937 to July 9, 1937
I last saw her alive on July 8, 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	Several years
Other contributory causes of importance: Arterio Sclerosis	
Old age	

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Bartus I. Baggott M. D.
(Address) 2229 Eutaw Place

37152 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37152

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sulengi Sanitorium St. 9-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Elizabeth Burke Rosan Ramsay If U. S. Veteran specify WAR .....

(a) Residence: No. 658 Dunbarton Aves St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William B.

6. DATE OF BIRTH (month, day, year) Oct 20 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Cyrillus John Rosan

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Henrietta Burke

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Otto J. Piquet
(Address) 658 Dunbarton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Drummond Date July 10 1937

19. UNDERTAKER Williams & Dykes & Sons
(Address) North & Penna. Aves

20. FILED JUL 10 1937 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1937 to July 7 1937

I last saw her alive on July 6 1937 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932
Other contributory causes of importance: arteriosclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation none

What test confirmed diagnosis clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) W. Winslow Foster M. D.

(Address) 205 Preston St.

37153 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37153

CERTIFICATE OF DEATH X 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4-2 Ward) 4D

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Jenifer

If U. S. Veteran specify WAR .....

(a) Residence: No. Andover St Mary's Co. St., Maryland Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/8/37

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

FATHER

13. NAME William Andrew Jenifer

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER

15. MAIDEN NAME Beatrice Thomas

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT W. A. Jenifer
(Address) St. Marys Co.

18. BURIAL, CREMATION, OR REMOVAL
Place ... 19...

UNIVERSITY MEDICAL SCHOOL JUL 10 1937
Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED ... 19... Registrar

JUL 9 1937

3340

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/11, 1937 to 7/3, 1937

I last saw him alive on 7/3, 1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	6/15
Diarrhea	6/15

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) University Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

37154

CERTIFICATE OF DEATH

46-aF 37154

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore General Hospital) (Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Howse Harkness

If U.S. Veteran specify WAR .....

(a) Residence: No. 1117 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 16, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Howse Harkness

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Agnes McCoy

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Miss Jessie A Claggett

(Address) 345 University Pkwy

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 12 37

19. UNDERTAKER Leo H Little

(Address) 2700 Edmondson Ave

JUL 10 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1937 to ..... 19 ....

I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/24/37

For what disease or injury? For obstruction of Oesophagus Gastrostomy was performed

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milton Lewis M. D.

(Address) WBGH

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37155 CERTIFICATE OF DEATH V 131 F 37155

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Dennison St. 15-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Adele Hoffman,

If U. S. Veteran specify WAR

(a) Residence: No. 3720 Nortonia Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Wm. Hoffman,

6. DATE OF BIRTH (month, day, year) December 3.1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Hitchcock,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary A. Nelson,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Bessie H. Dunster,
(Address) 3720 Nortonia Road

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date JUL 12 1937 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

JUL 10 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 9 1937 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to July 9, 1937

I last saw h.. alive on July 9, 19 37 Death is said to have occurred on the date stated above, at 6:30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular-renal Dis.	several years
Other contributory causes of importance: Uremic Coma	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. G. Gorman M. D.

(Address) 2040 Eutaw Place

37156 E 37156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

924

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1362 N. Calhoun St. (Ward) 15-1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edgar D. Smith

If U. S. Veteran specify WAR ...

(a) Residence: No. 1362 N. Calhoun St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary B. Smith

6. DATE OF BIRTH (month, day, year) Mar 26th 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48 yrs	3 mos	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ordinary Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) March 14th 1936

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mary B. Smith (Address) 1362 N. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 7/12 1937

19. UNDERTAKER Chas. W. Chase & Son (Address) 535 N. Gilmor

20. FILED JUL 13 1937 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7th 1937 to July 8th 1937

That I last saw him alive on July 7th 1937 Death is said to have occurred on the date stated above at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation of the Heart	Jan 1 37
Other contributory causes of importance:	

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation none

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry F. Brown M. D.

(Address) 835 Madison ave.

JUL 13 1937

F 37157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 37157

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. Wilbur — U. S. Veteran — Specify WAR

(a) Residence: No. 1812 E. 28th St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fannie Bedford Wilbur

6. DATE OF BIRTH (month, day, year) March 21, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Harrison O. Wilbur

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Celina Ryland

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Mrs. Lillian Deschamps (Address) 2037 E. 3, St. St. V

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Cem. Date July 12 1937

19. UNDERTAKER Margaret A. Flynn (Address) 1422 Light St.

20. FILED ... Huntington Williams, M.D.

JUL 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937 to July 9, 1937, that I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Diabetic gangrene	2 mos.
Terminal bronchial pneumonia	2 days.
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Frank R. Stephenson M. D.

(Address) St. Jos Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37158

CERTIFICATE OF DEATH

V 82-a F 37158

Registered No.

1. PLACE OF DEATH Methodist Home for the Aged

CITY OF BALTIMORE: (No. 2211 Rogers Ave. St. 27-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna I. Lang

(a) Residence: No. 2211 Rogers Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late David A. Lang

6. DATE OF BIRTH (month, day, year) Aug. 24, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Luther P. Rhine

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie Mathison

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John Harnett

(Address) 504 Kingston Rd. Cetonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date July 12, 1937

19. UNDERTAKER Harry A. Mutsle

(Address) 2101 Edmondson Ave.

20. FILED JUL 10 1937 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 6 '37 to July 8 1937.

I last saw h... alive on July 8 1937. Death is said to have occurred on the date stated above, at 8.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arterio Sclerosis	

Was an operation performed? No Date of ...

For what disease or injury? No.

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George C Shannon M. D.

(Address) 760 Fulton Ave

63

F 37159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37159

CERTIFICATE OF DEATH

Registered No. 95-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Hanna Engels

(a) Residence: No. 731 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mr. Adolf Engels.

6. DATE OF BIRTH (month, day, year) Aug. 20 90

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	46	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Pat Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mr Adolf H Engels
(Address) 1506 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Grove Date 7/11 1937

19. UNDERTAKER Harry H. Little
(Address) 401 S Edmondson Ave

20. FILED JUL 13 1937 Lexington Filbert

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-9, 1937

22. I HEREBY CERTIFY That I attended deceased from 5-19, 1937 to 7-9, 1937

I last saw her alive on 7-5, 1937. Death is said to have occurred on the date stated above at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension Cardiovascular Disease	2
2) Cerebral Thrombosis	7-1-37

Other contributory causes of importance ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Lawrence J Emanuel M. D.

(Address) St. Agnes Hospital

F 37160

F 37160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1758 Gorsuch Ave St., 9-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie S. H. Gahs

(a) Residence: No. 1758 Gorsuch Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. P. Gahs

6. DATE OF BIRTH (month, day, year) June 23, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72		17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md. (State or country)

MOTHER FATHER

13. NAME — Unvergagt

14. BIRTHPLACE (city or town) — (State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) — (State or country)

17. INFORMANT Mr. S. Gahs

(Address) Garnet Rd. Parkville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery July 12 37

19. UNDERTAKER Fredk. Faehnle & Son

(Address) 7401 Belair Rd.

JUL 10 1937

Clayton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to July 9 37

I last saw ... alive on July 9 37. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	4 yrs
Other contributory causes of importance: Bronchitis Cardiac Asthenia	1 week

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... Specify

(Signed) Clayton Williams, M. D.

(Address) 4137 Roland Ave

F 37161

37161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2655 St Benedict St., 20 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR ✓

2. FULL NAME Julia Hammer

(a) Residence: No. 2655 St Benedict St., 20 Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hammer

6. DATE OF BIRTH (month, day, year) Jan 7 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Son) George W Hammer

(Address) 2655 St. Benedict St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 10 1937

19. UNDERTAKER J. W. E. Kirkpatrick & Son

(Address) 1300 Eutaw Place

20. [illegible] 1837 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1936 to July 8, 1937

I last saw her alive on July 8, 1937. Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio-vascular disease with senile arteriosclerotic nephrosclerosis and terminal uraemia	1933
Other contributory causes of importance: Cerebral arteriosclerosis	1935

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? Urinanalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) S. Kendig Wallace M. D.

(Address) 2839 Wallbrook Ave

37162

HEALTH DEPARTMENT—CITY OF BALTIMORE

37162

CERTIFICATE OF DEATH

X √ 125-B

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dennison St. 14-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eldridge Harris

If U. S. Veteran specify WAR .....

(a) Residence: No. 526 7th St. St. Cambridge Ward. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Sing

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — single

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School B.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Martin Harris

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Maggie Cottingham

16. BIRTHPLACE (city or town) (State or country) Marion Station Md.

17. INFORMANT Mattie Harris

(Address) 526 14th St. Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wrangle Hill Cem. Date July 12" 1937

19. UNDERTAKER Thomas A. Lodge

(Address) 327 High St. Cambridge Md.

20. FILED 19..... Registrar.

JUL 11 1937 Kensington Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1937 to 7-7 1937

I last saw him alive on 7-7 1937 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pond's Running Ayst of the Liver Secondary Anemia	
Other contributory causes of importance:	

Was an operation performed? yes Date of 3-4

For what disease or injury?

Name of operation Draining of Cyst of Liver

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. B. Higgins M. D.

(Address) Provident Hospital

37163 Belle A O'Berry 37163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital 4-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs John A O'Berry
If U. S. Veteran specify WAR .....

(a) Residence: No. Leonardtown Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A O'Berry

6. DATE OF BIRTH (month, day, year) Mar 18, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year) 1936
11. Total time (years) spent in this occupation 3 yrs.

12. BIRTHPLACE (city or town) (State or country) Valley Lee Md

FATHER
13. NAME Benjamin T Aud.
14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

MOTHER
15. MAIDEN NAME Julian Brown
16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md

17. INFORMANT Mrs William H Bonner
(Address) Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Marys Co Md Date July 1937

19. UNDERTAKER James D Hamilton
(Address) Glen Burnie, Md

20. FILED JUL 11 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10/1937

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937 to July 10, 1937
I last saw her alive on July 9, 1937. Death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934
Thoracoplasty	1937
Central embolism	1937

Other contributory causes of importance:

Was an operation performed? Yes Date of 7/2/37
For what disease or injury? Pulmonary Tuberculosis
Name of operation Thoracoplasty
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) Edward Kalbacher Jr. M. D.
(Address) University Hosp

M. D. P. 1268-9

F 37164

37164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3233 Abell Ave St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E Muncaster

(a) Residence: No. 3233 Abell Ave St., Ward. No Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sabina Muncaster

6. DATE OF BIRTH (month, day, year): Jan 7 1857

7. AGE: Years 83 | Months 6 | Days 10/13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as splitter, sawyer, bookkeeper, etc.: Engineman Steam

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm Laborer

10. Date deceased last worked at this occupation (month and year): 1924

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Simerville Md

FATHER

13. NAME: John Muncaster

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Martha Hunt

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Sabina Muncaster

(Address) 3233 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 7/12 1937

19. UNDERTAKER: J. Wm. Cox

(Address) 1217 E. Fayette St

20. FILED 7/12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1937

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to July 10, 1937.

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia (Chronic Interstitial Nephritis)	1930
	1930

Other contributory causes of importance:

Hypertension	1930
Cardiac Hypertrophy	July 1937

Name of operation: Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. S. Kerr M. D.

(Address) 132 E. 22nd St

F 37165

37165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sani Hosp St., 6-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Vet. specify WAR No Record

2. FULL NAME Shirley Livingston

(a) Residence: No. 1214 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 26 1936

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas Livingston

14. BIRTHPLACE (city or town) (State or country) Hyde Md

MOTHER

15. MAIDEN NAME Edna Boyle

16. BIRTHPLACE (city or town) (State or country) Townsend Maine

17. INFORMANT Chas Livingston
(Address) 1214 N Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 9-12 1937

19. UNDERTAKER Wm Cook
(Address) 124 S Paca St

20. FILED ... Wm. J. Gallagher, M.S.H.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry) obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diarrhoea	7-9-37

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans M. D.
Coroner

(Address)

USC

F 37166

37166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. 18-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Hollins St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence to city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Frederick Kendall

If U. S. Veteran specify WAR No Record

(a) Residence: No. 923 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Roberta Kendall

6. DATE OF BIRTH (month, day, year) Oct 28 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Food Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles Kendall

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Agnes Smith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Jane Roberta Kendall 923 Hollins St

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date July 12 1937

19. UNDERTAKER Wm Cook 1217 St Paul St

(Address)

FILED JUL 11 1937 Lington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3 1937, to July 9 1937, I last saw him alive on July 8 1937. Death is said to have occurred on the date stated above, at 430 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with metastasis	6 mo
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry B. Makowen, M. D.

(Address) 2231 Eutaw Place

33184 HEALTH DEPARTMENT—CITY OF BALTIMORE 37167

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 11-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Barth

If U. S. Veteran specify WAR .....

(a) Residence: No. 926 E Eager St., 11 Ward. No Record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widower

5a. If ~~married~~ widowed, ~~or divorced~~
HUSBAND of ~~HER WIFE of~~ Annie B. Barth

6. DATE OF BIRTH (month, day, year) 5/7/54

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date July 12 19 37

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED JUL 11 1937 Eug. Em. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937 to July 10, 1937
I last saw ~~him~~ alive on July 10, 1937 Death is said to have occurred on the date stated above, at 7:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7-7-37
Other contributory causes of importance:	
Diabetes mellitus	?

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Elizabeth H. Iliff M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1268-9

37168

F 37168

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-3

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Warren ave St., 22-1 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME John N Klebe

(a) Residence: No. 210 warren ave St., Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

3a. If married, widowed, or divorced: HUSBAND of (~~Wife~~) Anna M Klebe

6. DATE OF BIRTH (month, day, year): July 7 1855

7. AGE: Years 81; Months —; Days 3; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Peter Klebe

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Braeck

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William J Klebe

(Address): 3100 Gibbons ave

18. BURIAL, CREMATION OR REMOVAL

Place: London Park Date: 7/12 37

19. UNDERTAKER: William Egon

(Address): 1221 E Baltimore St

Huntington Williamsville, Md

Registrar.

UL 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12 1936 to July 10 1937

I last saw h~~im~~ alive on July 9 1937 Death is said to have occurred on the date stated above, at 4 30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic and hypertensive heart disease cerebral oedema	6/12/36
Other contributory causes of importance:	
Arterio sclerosis general & cerebral	2.

Name of operation: ..... Date of: .....

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Heibel M. D.

(Address) 1244 26 Hanover St.

E 37169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Garfield Marshall

If U. S. Veteran specify WAR .....

(a) Residence: No. Sunderland St., Ward. Calvert Co. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/12/36

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Garfield

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Pearl MacKamm

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Sunderland Date 7/11/ 1937

19. UNDERTAKER W. F. Hutchins
(Address) Owings Md

20. FILED JUL 13 1937 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 8 1937 to July 10 1937

I last saw h[illegible] alive on July 10. 1937 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
abo. T	
Miliary Tuberculosis	5-1-37
Bilateral Otitis Media	
Lobar Pneumonia	
Pulmonary tuberculosis	

Other contributory causes of importance:
Rickets

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No .....If so, specify .....

(Signed) Wm. C. Lofler Jr. M. D.
(Address) Johns Hopkins Hospital

37170 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37170

82-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1036 N. Collington Ave. St., 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Schultze

If U. S. Veteran specify WAR

(a) Residence: No. 1036 N Collington Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Schultze

6. DATE OF BIRTH (month, day, year) June 15 1866

7. AGE	Years	Months	Days	If LESS than day, hrs. or min.
	71	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Rudolph Voll

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jane Schultze
(Address) 1036 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date 7/11 1937

19. UNDERTAKER C. J. Fanning Home
(Address) 1938 E. Lafayette Ave

20. FILED JUL 11 1937 Lexington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937 to July 8, 1937

I last saw her alive on July 07, 1937. Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset June 1937

Other contributory causes of importance:

Hypertension Arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

...If so, specify...

(Signed) Morris B. Schreiber, M. D.

(Address) 3506 Elamont Rd.

37171

F 37171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Earl Burns

(a.) Residence: No. 1207 N Carrollton Bond St., Ward Rocky Mount N C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lonzia

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8837

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilson N. C.

FATHER

13. NAME Dave Wright

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary E. Hasketns

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Emma Jopper

(Address) 20 Atlantic Ave. N. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Rocky mount N.C. 7-11- 1937

19. UNDERTAKER Bryant Manuel Wright

(Address) 1218 Fair & Calvary St

20. FILED 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1937

22. I HEREBY CERTIFY, That I attended deceased from June 13 1937 to July 9 1937

I last saw h. alive on July 9, 1937 Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Sasser M. D.

(Address) 1207 N Carrollton

37172

HEALTH DEPARTMENT—CITY OF BALTIMORE

37172

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2928 Oakley ave Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Esther Friedman

(a) Residence: No. 2928 Oakley ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Nathan Levy

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Dora Pearlman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Levy

(Address) 2928 Oakley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lauel Date 7/11/37

19. UNDERTAKER Jack Levin Inc

(Address) 1937 E. Baltimore

20. FILED JUL 11 1937 Registrar. Lexington Millender, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 24th 1937 to July 10th 1937

I last saw her alive July 9th 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as following:

myocarditis - Date of onset 5 mos

over

Other contributory causes of importance Bronchio Pneumonia 3 days

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Meyer Levy M. D.

(Address) 814 - Medical arts Bldg

37173 F 37173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 47C

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 36 S Eden St. (or) 3-1 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eli Kahanowitz

(a) Residence: No. 36 S. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Shane

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben Cohen
(Address) 208 Emerson ave N. W. H. D.

18. BURIAL, CREMATION, OR REMOVAL Pet Carnel 7/11/37, 19

19. UNDERTAKER Jacob Levine
(Address) 1439 E. Balt St

20. FILED JUL 11 1937 H. E. Tuttle, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1935 to July 10, 1937

I last saw him alive on July 10, 1937. Death is said to have occurred on the date stated above, at 11 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic Carcinoma	1935
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Melvin L. Solomon M. D.

(Address) 129 S. Broadway

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HEALTH DEPARTMENT—CITY OF BALTIMORE

F 37174

CERTIFICATE OF DEATH

✓ 34-80

1. PLACE OF DEATH 2233 Eutaw Place 13-2

CITY OF BALTIMORE: (No. ..... St. ..... Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Max Stoltz

If U. S. Veteran specify WAR .....

(a) Residence: No. 2233 Eutaw Place, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lipsah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. J. Land (Address) 2233 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 7-11-37

19. UNDERTAKER Jack Levin Sons (Address) 1439 E. Baltimore

20. FILED [illegible] Registrar. JUL 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1925, to July 9, 1937

I last saw h[illegible] alive on July 9, 1937. Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intes Dorsalis	12 yr
Other contributory causes of importance:	
Senility	unknown

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) 1910 Eutaw Place

37175 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 37175

CERTIFICATE OF DEATH

94 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2308 E Hoffman St., 8-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edwin Stackhouse If U. S. Veteran specify WAR World

(a) Residence: No. 2308 E Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Amy Stackhouse

6. DATE OF BIRTH (month, day, year) July 11. 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Stephen Stackhouse

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza Rous

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. W Edwin Stackhouse
(Address) 2308 E. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Poplar Spring Mem. Date 7-12-37

19. UNDERTAKER J. Fahey & Sons
(Address) 1312 Eutaw St.

20. FILED Huntington Hallowell
JUL 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Gassed in World War	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Evans, M. D.
Coroner

(Address) Coroner

37176 E 37176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2104 Brookfield ave 13 Ward) 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachel Rief

If U. S. Veteran specify WAR

(a) Residence: No. 2104 Brookfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of: Late Simon

6. DATE OF BIRTH (month, day, year): 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Raphael Epstein

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Jennie Fisher

16. BIRTHPLACE (city or town) (State or country): Russia Lemberg

17. INFORMANT (Address): Herman 2104 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL: Southern cem Date July 11 1937

19. UNDERTAKER (Address): Sol Levinson Bur 1127 E Baltimore St

20. FILED 19 Registrar

JUL 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to July 10 1937.

I last saw h[illegible] alive on July 10, 1937. Death is said to have occurred on the date stated above, at 7:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma of oesophagus	Jan 1/37

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 810 East Lexington

F 37177

37177 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

1068

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. 15-17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Hyman Schabaneck

(a) Residence: No. 3738 Towanda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or)~~ WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER
13. NAME Borish Schabaneck
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER
15. MAIDEN NAME Mollie
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Aaron Weiner
(Address) 3417 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL Workmen Circle Center Date July 11 1937
(Firm)

19. UNDERTAKER Sol Levinson & Bro
(Address) 1827 E Baltimore St

20. FILED ..... 19..... Registrar.

JUL 11 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 11, 1937
I last saw h[illegible] alive on July 11, 1937 Death is said to have occurred on the date stated above, at 5:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma	15 yrs
Chronic bronchitis	15 yrs
Emphysema	10 yrs

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? P. E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Irwin Saulsbury M. D.
(Address) Sinai Hospital

M. D. F. 1268-9

37178

Dr. J. J. Nuskin 2419 Reisterstown Rd

HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 37178

CERTIFICATE OF DEATH

Fay 3146

92 1a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Sulgrave Ave. Sec. 27-15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hough Gooding

(a) Residence: No. 1908 Sulgrave Ave Ward. No War Record

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of) Mary Ruth Gooding

6. DATE OF BIRTH (month, day, year) Sept 5 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Galena Md.

FATHER

13. NAME Eugene Gooding

14. BIRTHPLACE (city or town) (State or country) Galena Md

MOTHER

15. MAIDEN NAME Hannah Medders

16. BIRTHPLACE (city or town) (State or country) Galena Md.

17. INFORMANT Mary Ruth Gooding

(Address) 1908 Sulgrave Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 12 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 11 1937 ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1937

22. I HEREBY CERTIFY, That I attended deceased from May 22 1937 to July 10 1937

I last saw h alive on July 10 1937 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Arteriosclerosis	
& Congestion of Lgs	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) J. J. Nuskin, M. D.

(Address) 2419 Reisterstown

37179 F 37179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltic City Hospitals St. 15-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Arthur Thompson
If U. S. Veteran specify WAR

(a) Residence: No. 1616 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Thompson

6. DATE OF BIRTH (month, day, year) Nov 27-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

FATHER
13. NAME Arthur Thompson
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Addie Jackson
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Florence Thompson
(Address) 1616 Lorman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 12 1937

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.

20. FILED 19 Registrar
Katie R. Williams, M.D.

U.S.A.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest, find that said deceased came to his death on the day stated above.
(Inquest, Autopsy or Inquiry) (Inquest, Autopsy or Inquiry)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendicitis	July 5 1937

Other contributory causes of importance:

Was an operation performed? yes Date of July 8-37

For what disease or injury Appendicitis

Name of operation Appendectomy Date of July 8-37

What test confirmed diagnosis? Surgery Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George C. Allen M. D.
Coroner

(Address) 311 Marquette Rd

M. D. B 1268-9

✓ F 37180

F 37180 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. / ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Luther Motley

(a) Residence: No. Sparrows Point Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cora Motley

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Phillip Motley

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Emma Knight

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Cora Motley

(Address) Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL

Place Crewe, Va Date July 11, 1937

19. UNDERTAKER Mr Katie R. Williams

(Address) 322 N Schroeder St.

20. FILED ... 1937 H. Lington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1937

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) Inquiry find that said deceased came to His death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of 4th. Cervical	
Vertebra	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Accident July 3, 1937 19...

Where did injury occur? Sparrows Point (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from Window

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) R. R. Mahon M. D.
Coroner

(Address) 207 N. Howard St

37181 HEALTH DEPARTMENT—CITY OF BALTIMORE 37181.

CERTIFICATE OF DEATH 24669--CM 91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospts. St., 6-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adolph Fischer

If U. S. Veteran specify WAR

(a) Residence: No. 431 N. Curley St., St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy

7. DATE OF BIRTH (month, day, year) 4-30-1910

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
27	26	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Riveter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Herman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Jahnke

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto. City Hospts.

(Address)

18. BURIAL, CREMATION OR REMOVAL Place Oak Lawn Date July 13, 37

19. UNDERTAKER Tilly & Zeiler Inc. 403 S. Pulaski St.

(Address)

FILED JUL 11 1937 19 Registrar.

Huntington Publishing Co., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1937 to July 9, 1937

I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bacterial endocarditis	May 1937
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Clinical

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. A. de Santelle M. D.

(Address) Baltimore City Hospitals.

37182 ✓ F 37182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 305 s Washington St St., 2-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Harrington

(a) Residence: No. 305 S Washington St., 2 Ward.
(Usual place of abode) 62 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Danial V Harrington

6. DATE OF BIRTH (month, day, year) Feb 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	4 5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Witomsky

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henretta Marks

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Joseph D Harrington(son) 305 S Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July13 37

19. UNDERTAKER (Address) Tully & Zeller 4038 Wolfe St.

20. FILED JUL 1 1937 Arlington Top (Williams 85)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July10 37

22. I HEREBY CERTIFY, That I attended deceased from June 25-1937 to July 10 1937.
I last saw h[illegible] alive on July 10 1937. Death is said to have occurred on the date stated above, at 10:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2/12/36
Cerebral Hemorrhage	7/9/37.

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) James T Cavanaugh M. D.
(Address) 3328 Mt Elderby St.

37183 HEALTH DEPARTMENT—CITY OF BALTIMORE F 37183

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 219 S. CHESTER ST., St., 6-1 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGAERTT FORD

If U. S. Veteran specify WAR

(a) Residence: No. 2912 E. BALTIMORE ST St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of JOHN

6. DATE OF BIRTH (month, day, year) JUNE 19/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77		19 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO. MD.

FATHER

13. NAME THOMAS NEENAN

14. BIRTHPLACE (city or town) (State or country) IRELAND

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) IRELAND

17. INFORMANT IRENE CRANE (NIECE)

(Address) 219 S. CHESTER ST.

18. BURIAL, CREMATION, OR REMOVAL

Place NEW CATHEDRAL Date JULY 12 1937

19. UNDERTAKER Tilly & Zeilenhorn

(Address) 403 S. WOLFE ST

20. FILED JUL 1937 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JULY 8, 19 37

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1937, to , 19

I last saw h.e.r alive on June 8, 1937. Death is said to have occurred on the date stated above, at 9pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Arteriosclerosis	
" Nephritis	for 2 years
" Arterio Hypertension	

Other contributory causes of importance:

Cerebral Apoplexy	10 days
Bronchial Pneumonia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. G. Geyer M. D.

(Address) 156 W. Hilton Ave

37184 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 37184

CERTIFICATE OF DEATH

82-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 W. Baltimore St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hatty W. S. Wellener

If U. S. Veteran specify WAR .....

(a) Residence: No. 1824 W. Baltimore St., 20 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ of Hattie Wellener

6. DATE OF BIRTH (month, day, year) Aug 15 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silver Engraver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Basil Wellener

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Latourneau

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Hattie Wellener
(Address) 1824 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet - Frederick Md. Date Jul 12 '37

19. UNDERTAKER J. B. Hilbert & Son
(Address) 13 E Eutaw Place

20. FILED JUL 13 1937 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9-37 19

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to July 9, 1937

I last saw him alive on July 8, 1937 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Aged Defin.
Other contributory causes of importance: Paralysis	2 yrs.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Benj. N. Hayden M. D.

(Address) 1216 N. Caroline St

37185

HEALTH DEPARTMENT—CITY OF BALTIMORE

37185

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1256 Washington Blvd St., 21 Ward) 21-2 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A Hetzog

If U. S. Veteran specify WAR

(a) Residence: No. 1256 Washington Blvd St., 21 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE)~~ of Mary C. Hetzog

6. DATE OF BIRTH (month, day, year) Mar 24 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ptg 075

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jacob Hetzog

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary C. Hetzog
(Address) 1256 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date July 13-37

19. UNDERTAKER F. B. Wippert & Son
(Address) 1300 Eutaw Pl.

20. FILED Huntington Wilhelm Registrar.
JUL 14 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9-37 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 19 1934 to July 9 1937

I last saw h[illegible] alive on July 9 1937. Death is said to have occurred on the date stated above, at 7.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Chronic
Other contributory causes of importance: Probable Cerebral Thrombosis	2 Days

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. H. Cunnion M. D.

(Address) 2310 Eutaw Pl.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

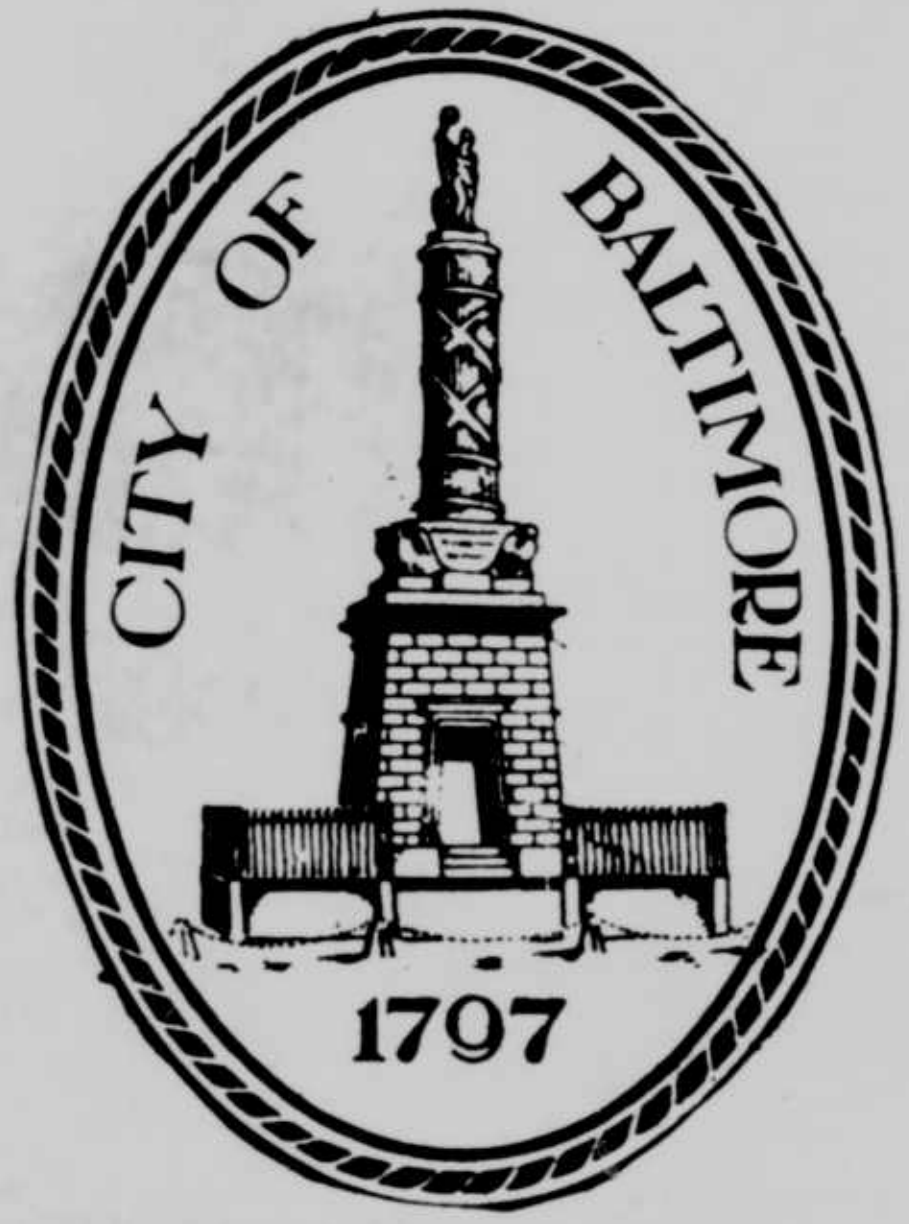
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7th DAY October OF 1965 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #F33771- Oct 23 1937 AND ENDING WITH #F 37185 July 11, 1937 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL